

Name  
in  
Full

Sallie Banks

## CERTIFICATE OF DEATH

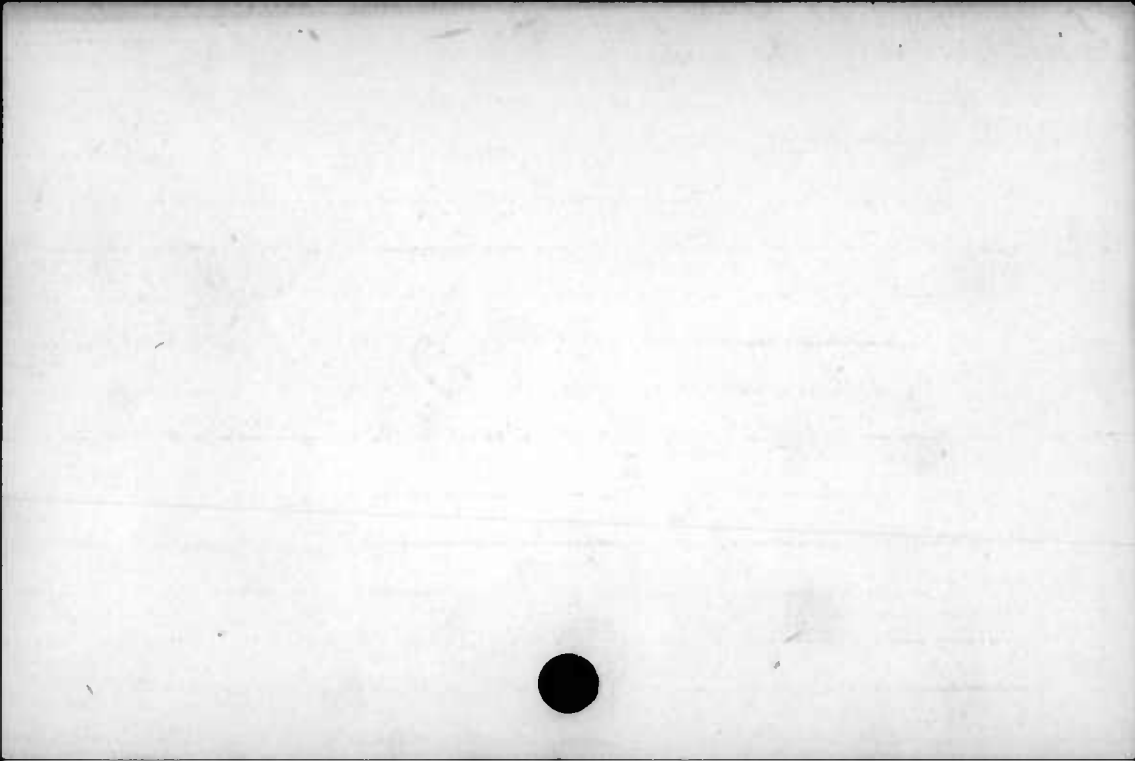
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i>		County <i>Alle</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>11</i>	Age <i>25</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>West Va</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Doin Banks</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Anna Bush</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Charles Banks</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Miliary tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Sparks</i>
	Address <i>237 N. Liberty St</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
James Albert Beeman		Town		County	
Died at Lonaconing		allegany		MARYLAND	
Date of death 1905		Month May	Day 11	Age 34	Months 1
Sex Male		Color or Race White	Birth-place Lonaconing		
Married, Single or Widowed Married		Occupation Saloon keeper			
Name of Wife or Husband Myrtle Beeman					
Father's Name L Charles Henry Beeman		Father's Birthplace Garrett Co.			
Mother's Maiden Name Charlotte Hays		Mother's Birthplace Allegany Co.			
Name of person giving information L Charles Henry Beeman		How related to deceased Father			
CAUSES OF DEATH					
Primary Tuberculosis, Rheumatism		How long Four months			
Immediate Exhaustion, Dyspnoea		How long 2 days.			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Henry M. Hodgson			
Accident or Suicide? No.		Address Lonaconing, Md.			



Name  
in  
Full

Mr. Bebold

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumuld</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	<u>1905</u>	Month <u>May</u>	Day <u>10</u>	Age <u>28</u>	Years <u>1</u> Months <u>1</u> Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Cumuld</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>John Bebold</u>			Father's Birthplace <u>Cumuld</u>		
Mother's Maiden Name <u>Harry Freis</u>			Mother's Birthplace <u>Cumuld</u>		
Name of person giving information <u>Charles Freis</u>			How related to deceased <u>Cousin</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Consumption</u>	How long <u>2</u>
Immediate <u>exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thomas K. ...</u>
	Address <u>Cumuld Md</u>
Accident or Suicide?	

2000



Name

in  
Full

Charles Elmer Nelson Biddington

## CERTIFICATE OF DEATH

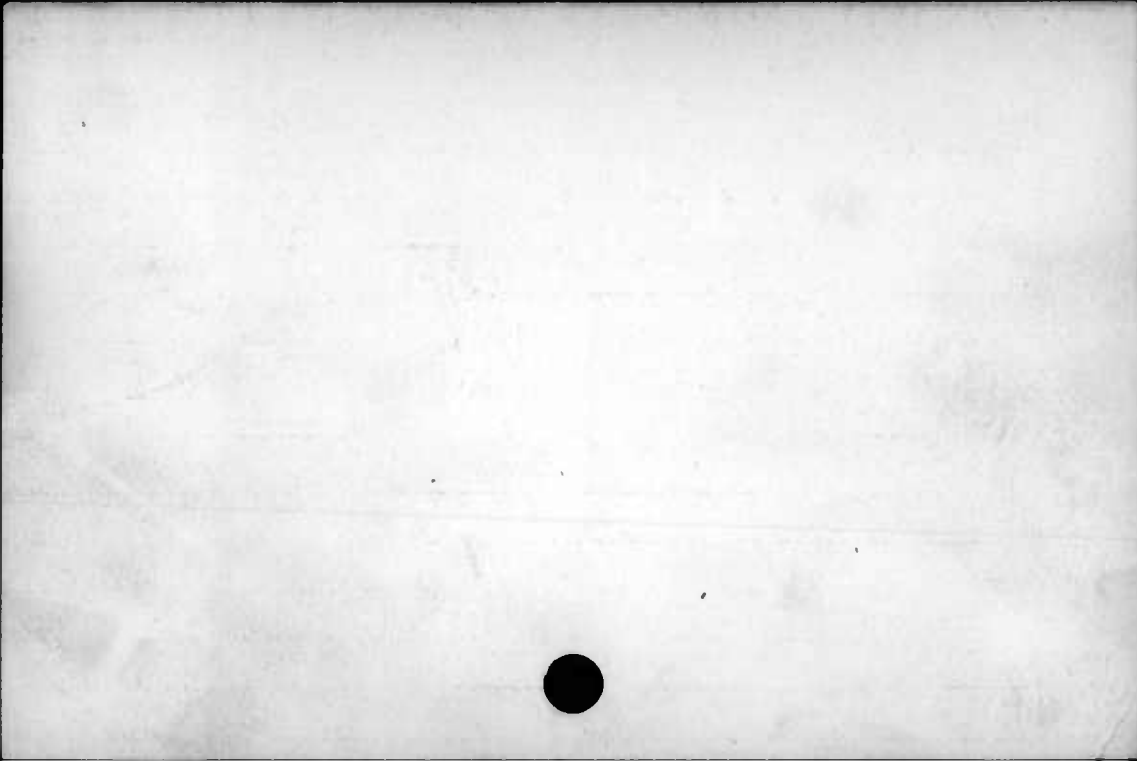
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>23</i> <sup>Age</sup>	<i>20</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>
Sex	<i>M.</i>	Color or Race	<i>White</i>	Birth-place	<i>Frostburg</i>
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Samuel Biddington</i>		Father's Birthplace	
Mother's Maiden Name		<i>Lily Street</i>		Mother's Birthplace	
Name of person giving information		—		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>5-days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Coker</i>	
		Address	
		<i>Frostburg</i>	
Accident or Suicide?			
<i>No</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

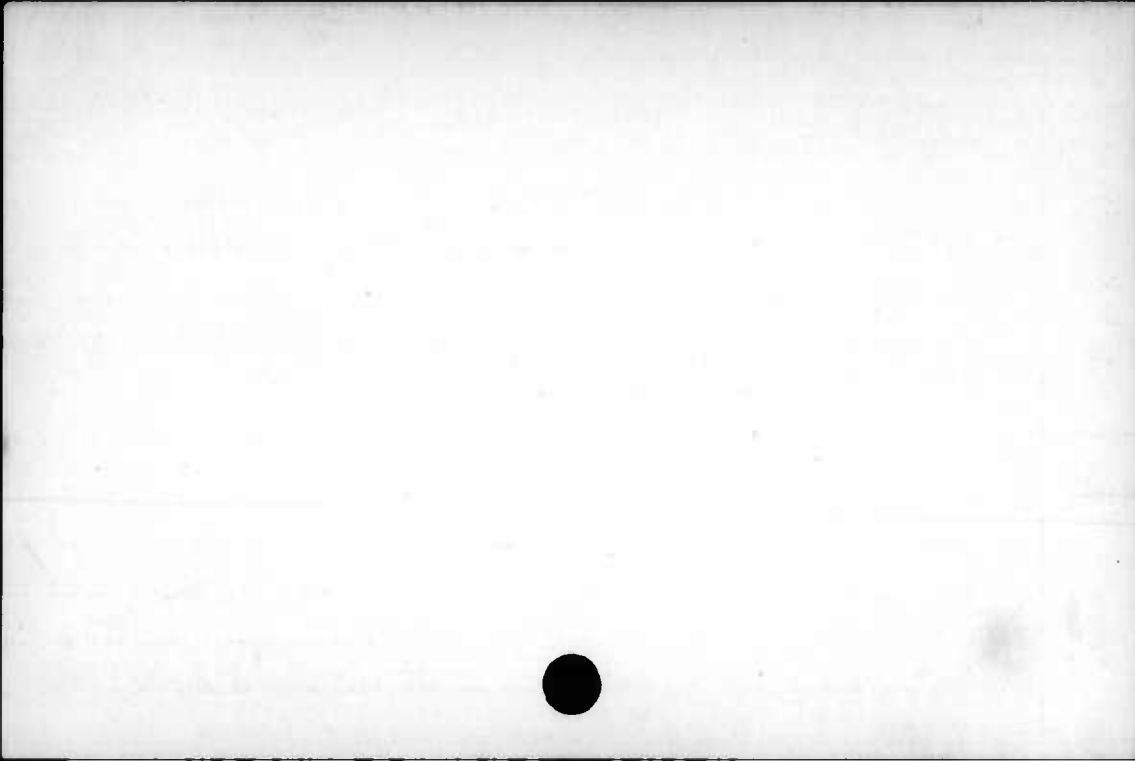
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>infant Bramble</i>		Town <i>Bramble</i>		County <i>accygon</i>		MARYLAND	
Died at <i>Bramble</i>		Month <i>may</i>		Day <i>22</i>		Age <i>—</i>	
Date of death <i>1905</i>		Months <i>—</i>		Years <i>—</i>		Days <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bramble</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Bramble</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Bessie Rice</i>				Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Charles Bramble</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Thomas W. Korn</i>	
		Address <i>Brambleland</i>	
Accident or Suicide?			



Name  
in  
Full

George Brown

## CERTIFICATE OF DEATH

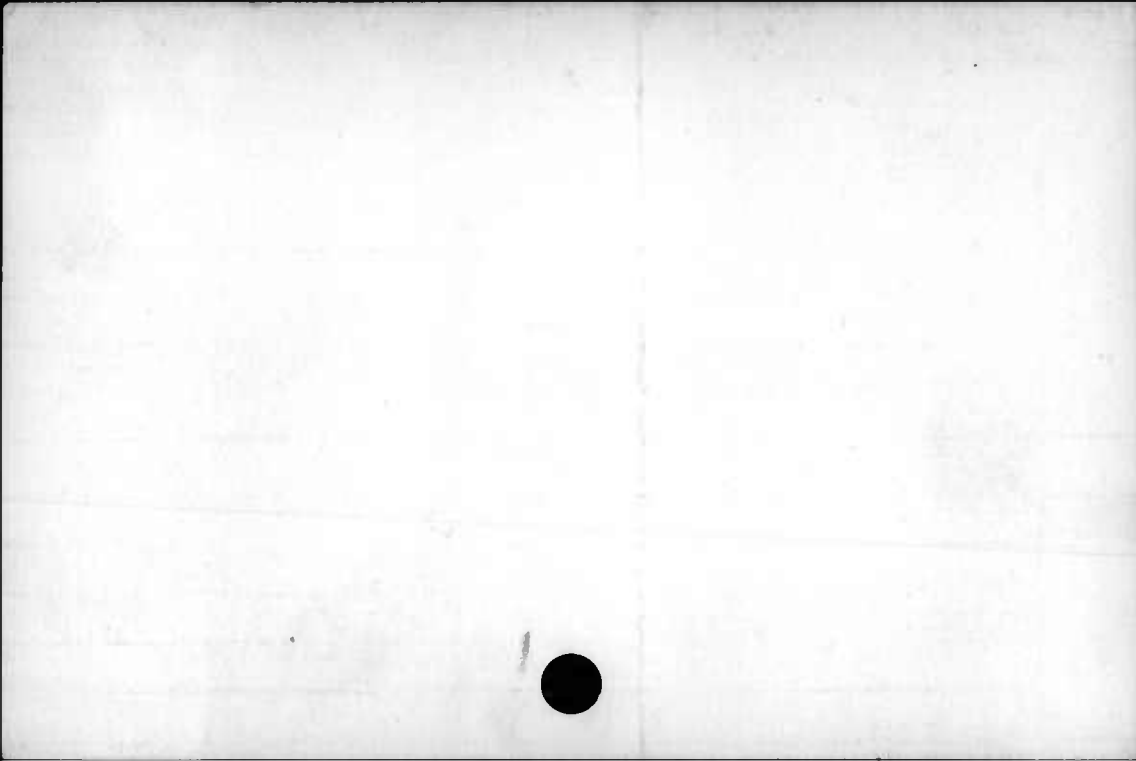
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camden</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>30</i>	Age <i>19</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>va</i>				
Occupation <i>Driver</i>			Where Residing if not at place of death <i>Living</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>George Brown</i>				Father's Birthplace <i>va</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>A Spear</i>				How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Suppurative Nephritis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
<i>Died at N. Md Hospital</i>	Address <i>A H Hawkins</i>
Accident or Suicide?	<i>for Phone -</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary Louise Bucy*

Died at *So. Cumberland* Town *Allegheny* County

DATE of death *1905 May 31* Month *May* Day *31* Age *63* Years Months *9* Days *19*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Mrs J. W. Humbin* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Fatty Degeneration of heart* How long *1 yr.*

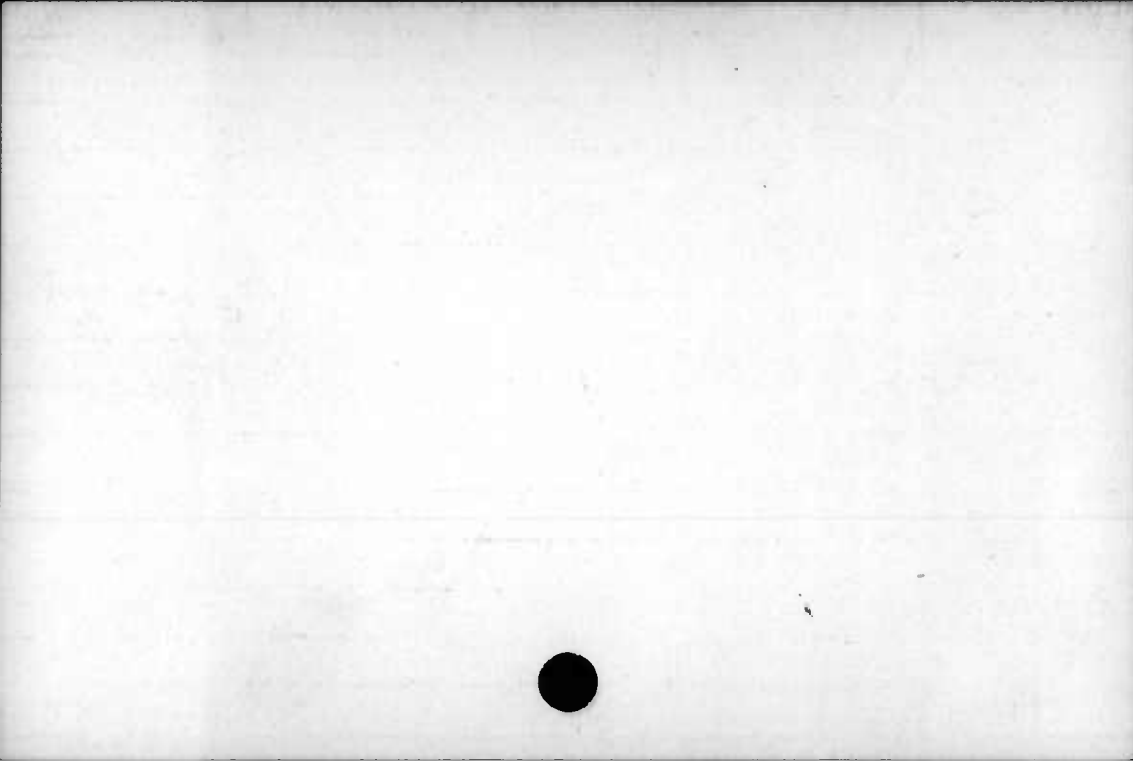
Immediate *Heart Failure* How long *1 da*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. H. Broadbent*

Address *98 Va ave*

*Cumberland Md.*

Accident or Suicide? *No*



Name  
in  
Full

Mrs. Mary Burns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death <u>1900</u>	<u>2</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	<u>86</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martin Burns.</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>—</u>	How related to deceased <u>—</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old age</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>St. J. Targg</u>
	Address <u>Cumtland, Md</u>
Accident or Suicide? <u>—</u>	

Good





Name  
in  
Full

Mrs Mary Louisa Bush

## CERTIFICATE OF DEATH

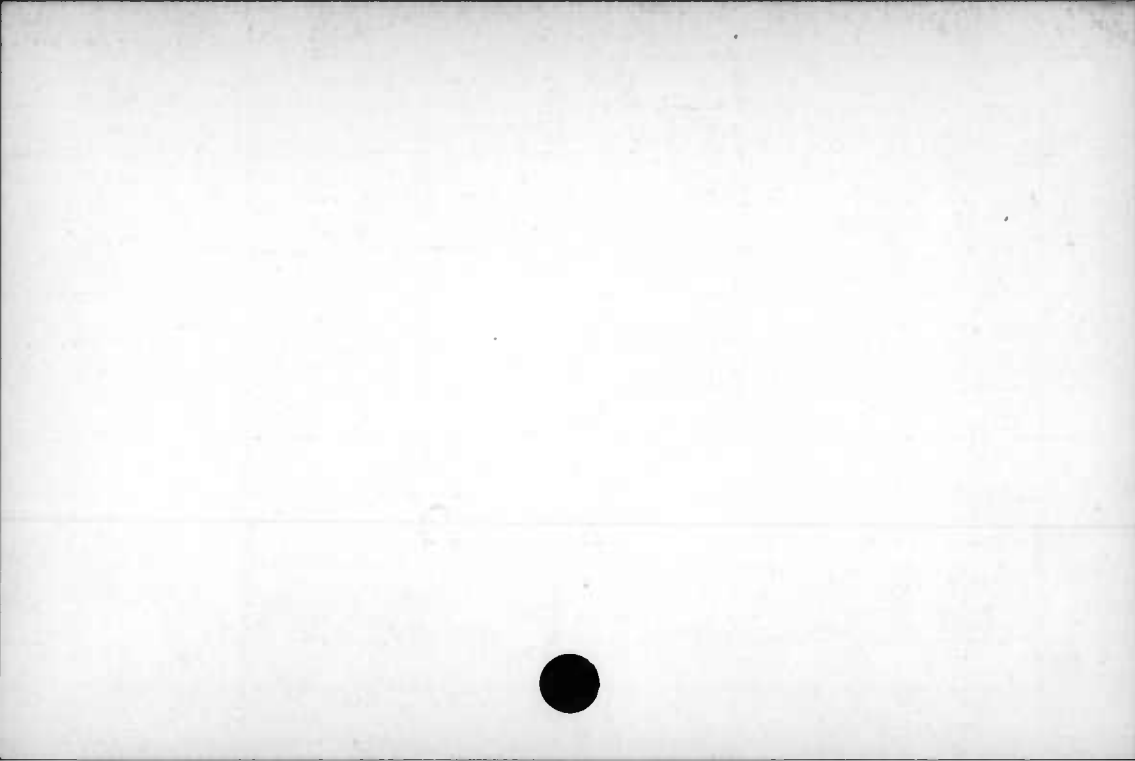
Died at <sup>Town</sup> *Cummd*<sup>County</sup> *Allegh.*

MARYLAND

Date of death *1905 May*Day *28*Age *80*Months *—*Days *—*Sex *female*Color or Race *white*Birth-place *ms*Occupation *stew*Where Residing if not at place of death *—*Married, Single or Widowed *widow*Name of ~~Wife~~ Husband *A M L Bush*Father's Name *— Saylor*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *R St Shermes*How related to deceased *stepson*

## CAUSES OF DEATH

Primary *La Grippe*How long *3 mo*Immediate *Exhaustion*How long *3 hrs*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Ch Brace*Address *Cummd Md*Accident or Suicide? *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Cavanaugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pekin</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MAYLAND	
Date of death	<u>1905</u> <small>Month</small> <u>May</u> <small>Day</small> <u>10</u>	<u>65</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u>
Occupation	<u>Miner</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Bridget Cavanaugh</u>		
Father's Name	<u>Wm Cavanaugh</u>		Father's Birthplace	<u>Ireland</u>	
Mother's Maiden Name	<u>Mary Henderson</u>		Mother's Birthplace	<u>Ireland</u>	
Name of person giving information	<u>Bridget Cavanaugh</u>		How related to deceased	<u>Wife</u>	

## CAUSES OF DEATH

Primary	<u>La Grippe - (Hyperpyrexia rare)</u>	How long	<u>2 weeks</u>
Immediate	<u>Hiccoughs - Exhaustion</u>	How long	<u>3 days</u>

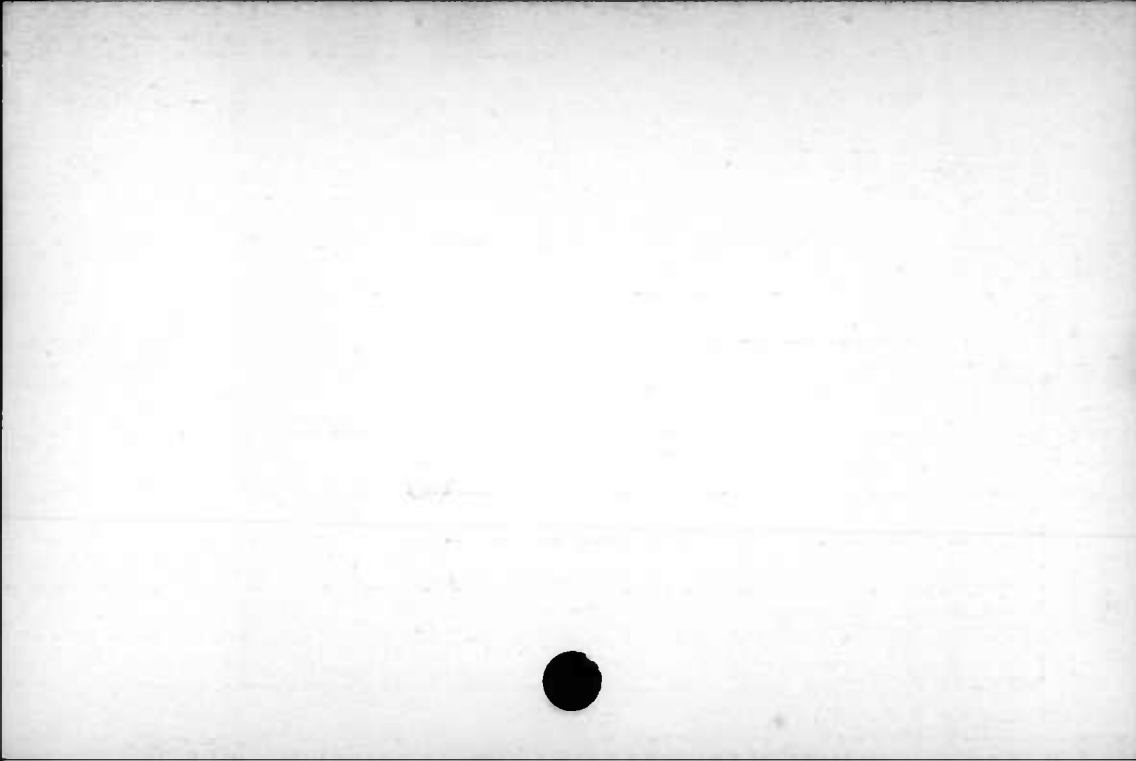
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

No.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellerslie</i> Town <i>Cook</i> County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>5</i>	Age <i>75</i> Years Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place	
Occupation <i>Retired</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 ds.</i>
Immediate <i>General Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J. Carl Smith</i>
Address <i>Ellerslie</i>	
Place of Burial <i>Ellersburg Pa</i>	

041  
140  
8  
119  
140

**CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumula* Town

Town

County

## MARYLAND

Date of death 1905

Month

Day

Years

Months

Days

Age 39

Sex *Female*

Color or Race

White

Birth-  
place

Second

Occupation

wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Divided

Name of Wife or Husband

Father's  
Name

Robert E. Couder.

Father's Birthplace

And

Mother's  
Maiden Name

*Dear*

Mother's Birthplace

Name of person giving information \_\_\_\_\_

Robert E. Conner

How related  
to deceased

Father

### CAUSES OF DEATH

## Primary

How long

Immediate

cancer of Womb

How long

32/10

Are the name, age, sex, color, date and place correctly given above?

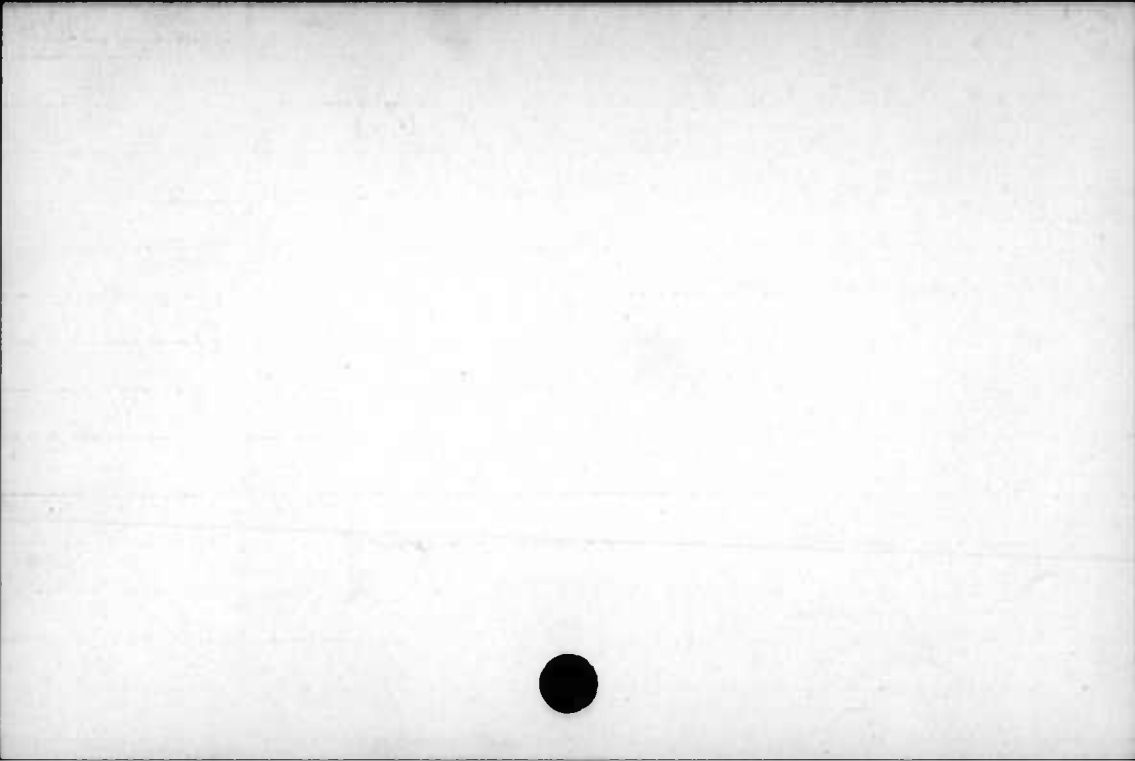
7

Signature of Physician

Address

<sup>3</sup> H S Wales.

### Accident or Suicide?





Name  
in  
Full

Mary Crowe

CERTIFICATE OF DEATH

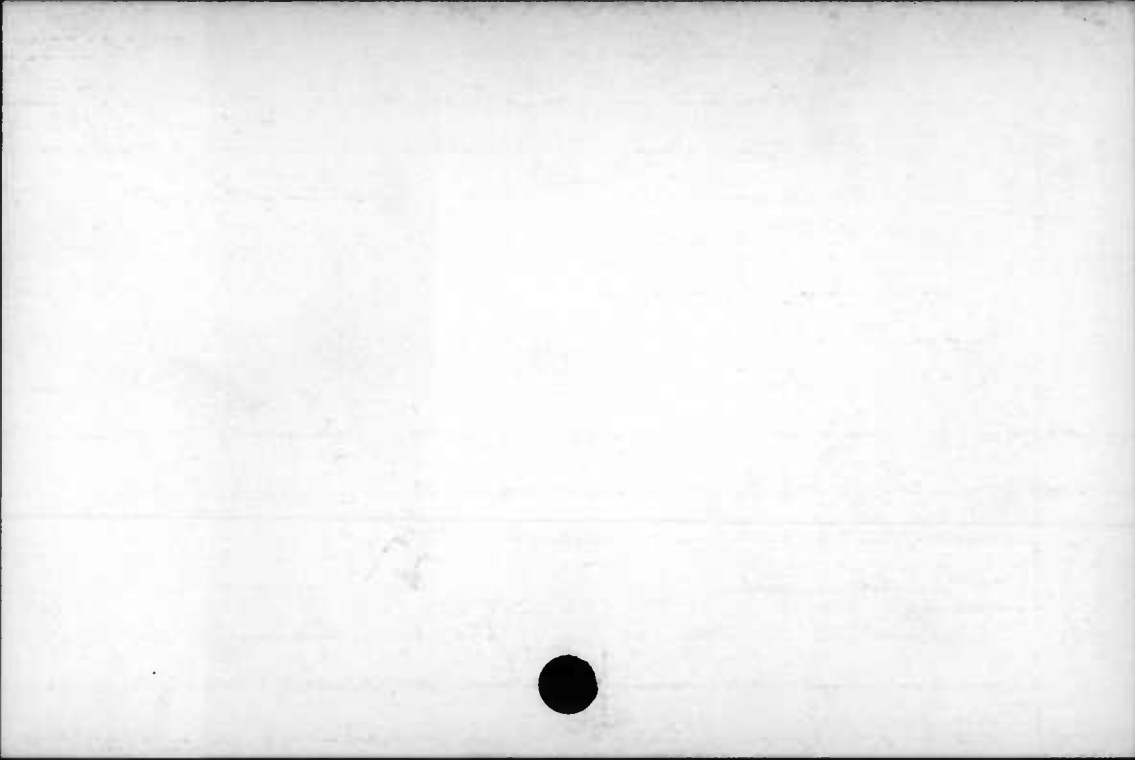
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Indsary Town Allegheny County  
Date of death 1905 Month May Day 29 Age 27 Years Months 9 Days 10  
Sex Female Color or Race White Birth-place Ind  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Thomas Crowe  
Father's Name P. Dennis Ganty Father's Birthplace  
Mother's Maiden Name Tracey Hall Mother's Birthplace Pa  
Name of person giving information Thomas Crowe How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 1 year  
Immediate Exhaustion How long 1 month  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician F. Alan G. Murray Address Indsary  
Accident or Suicide? No



Name  
in  
Full

Walter Cummings

CERTIFICATE OF DEATH

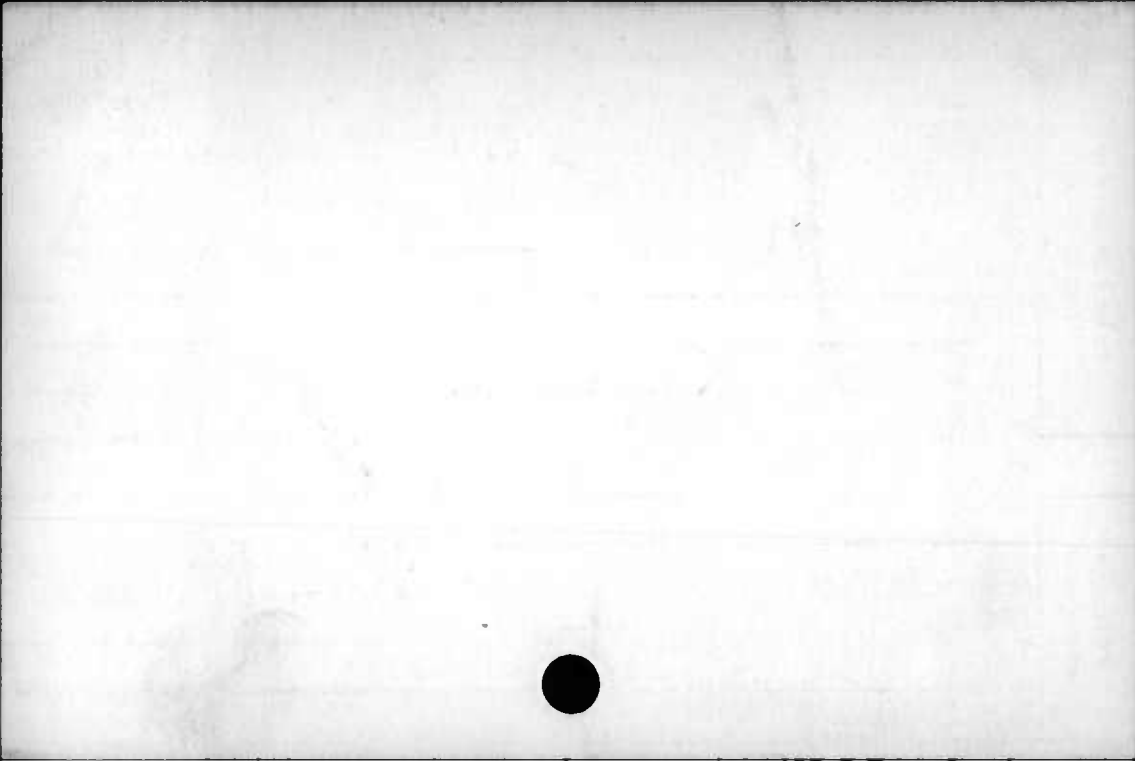
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camden</i>		Town		County <i>Albany</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>31</i>	Age <i>32</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Louisville</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Emma</i>				
Father's Name <i>J. D. Cummings</i>			Father's Birthplace				
Mother's Maiden Name <i>Mrs. Cummings</i>			Mother's Birthplace				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sclerosis of the Liver</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Geo. L. Carder</i>	
		Address <i>Camden Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

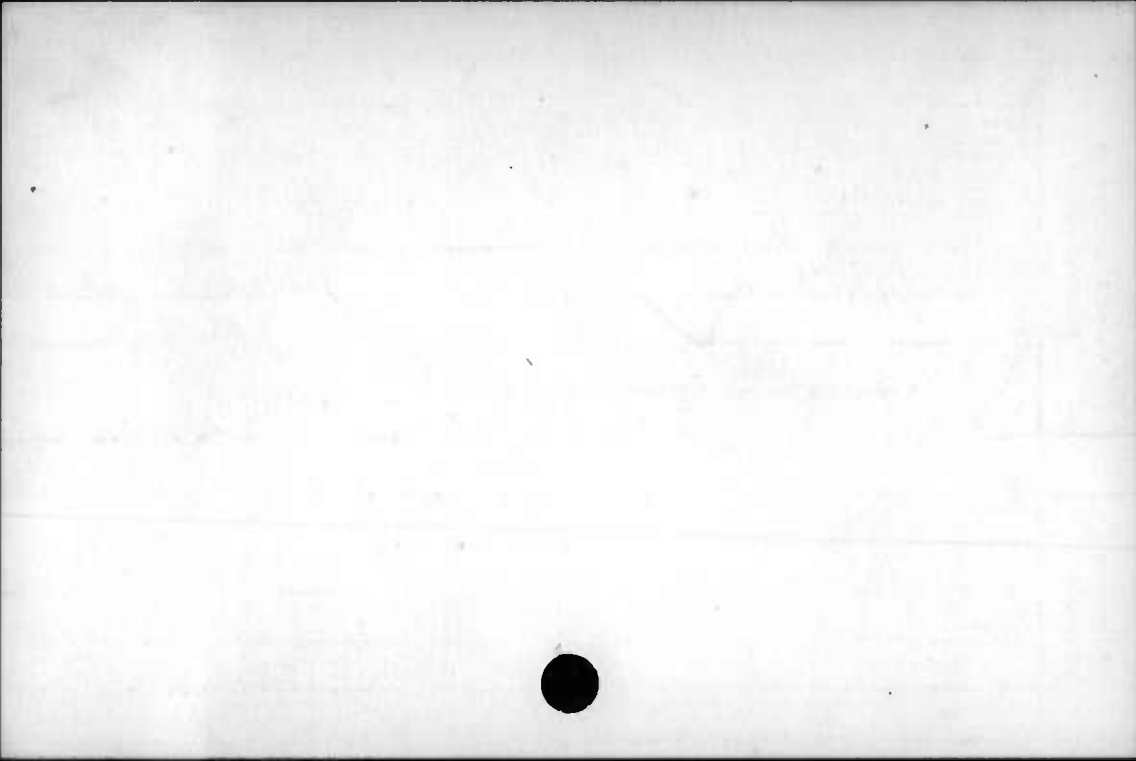
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Detterman</i>		Town <i>Brown</i>		County <i>Alle</i>		State <i>MARYLAND</i>	
Died at <i>Brown</i>		Month <i>May</i>		Day <i>31</i>		Years <i>76</i>	
Date of death <i>1905</i>		Month <i>May</i>		Day <i>31</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Gideniger</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information <i>Geo Grabenstern</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Paralysis of Insane</i>	How long <i>5 yrs</i>
Immediate <i>St. Louis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Dockman</i>
	Address <i>901 7th Ave</i>
Accident or Suicide? <i>4th Ave</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

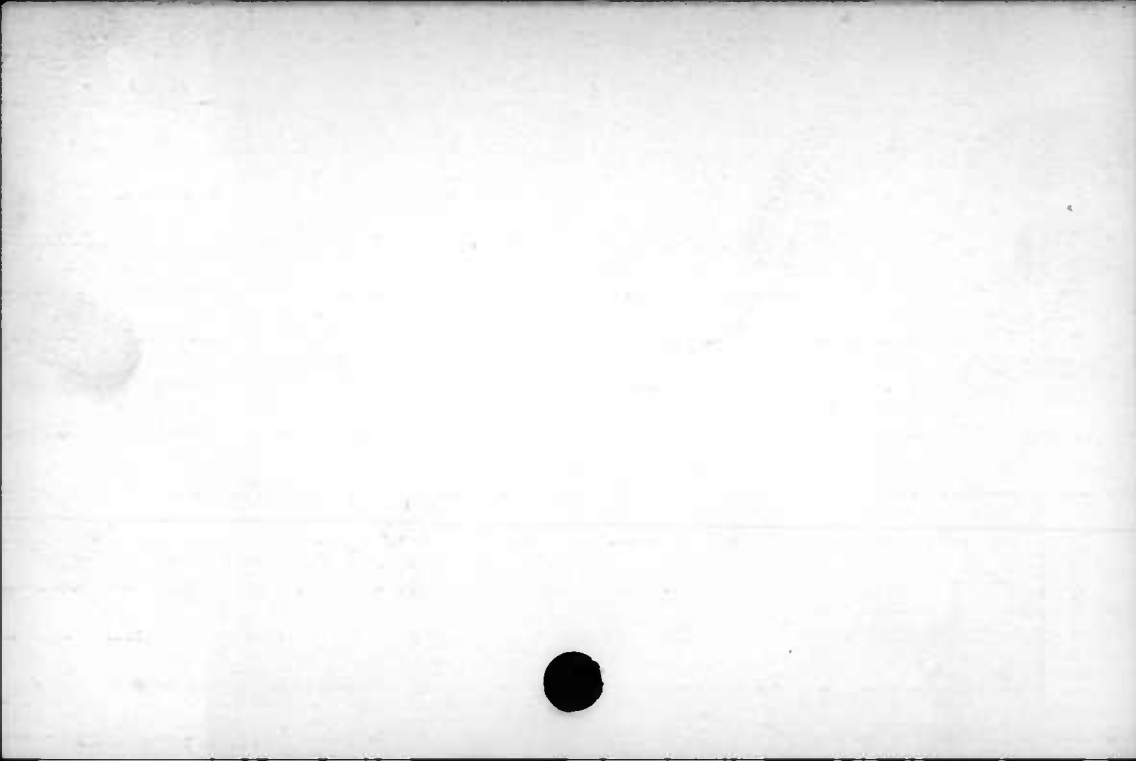
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Margie Dixon</i>		Town <i>Lonaconing</i>		County <i>Alligum</i>		MARYLAND					
Died at		Month <i>May</i>		Day <i>18</i>		Years <i>8</i>		Months		Days	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>					
Occupation <i>School-girl</i>		Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband									
Father's Name <i>James B. Dixon</i>		Father's Birthplace <i>Lonaconing</i>									
Mother's Maiden Name <i>Esther Perkins</i>		Mother's Birthplace <i>Lonaconing</i>									
Name of person giving information <i>James B. Dixon</i>		How related to deceased <i>Father</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Spinal Meningitis</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. D. Skilling</i>	
		Address <i>Lonaconing</i>	
Accident or Suicide? <i>No</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Donahue

Town

County

MARYLAND

Died at Hoffman Mines

Allegheny

Date

Month

Day

Years

Months

Days

of death 1902

May

15

Age

22

Sex

male

Color or  
Race

white

Birth-  
place

Eckart

Occupation

Coal miner

Where Residing if not  
at place of death

at place of death

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Martin Donahue (dead)

Father's  
Birthplace

Eckart Md

Mother's  
Maiden Name

Mary Smith

Mother's  
Birthplace

Campville Md

Name of person giving  
information

J. A. Ellertchell

How related  
to deceased

not at all

## CAUSES OF DEATH

Primary

Injury by fall of coal

How long

Immediate

lived 3 hours

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. A. Ellertchell  
Vale Summit

Accident or Suicide?

PHYSICIAN  
OR CORONER

to Mr.

Catholic Cemetery -

Name  
in  
Full

## CERTIFICATE OF DEATH

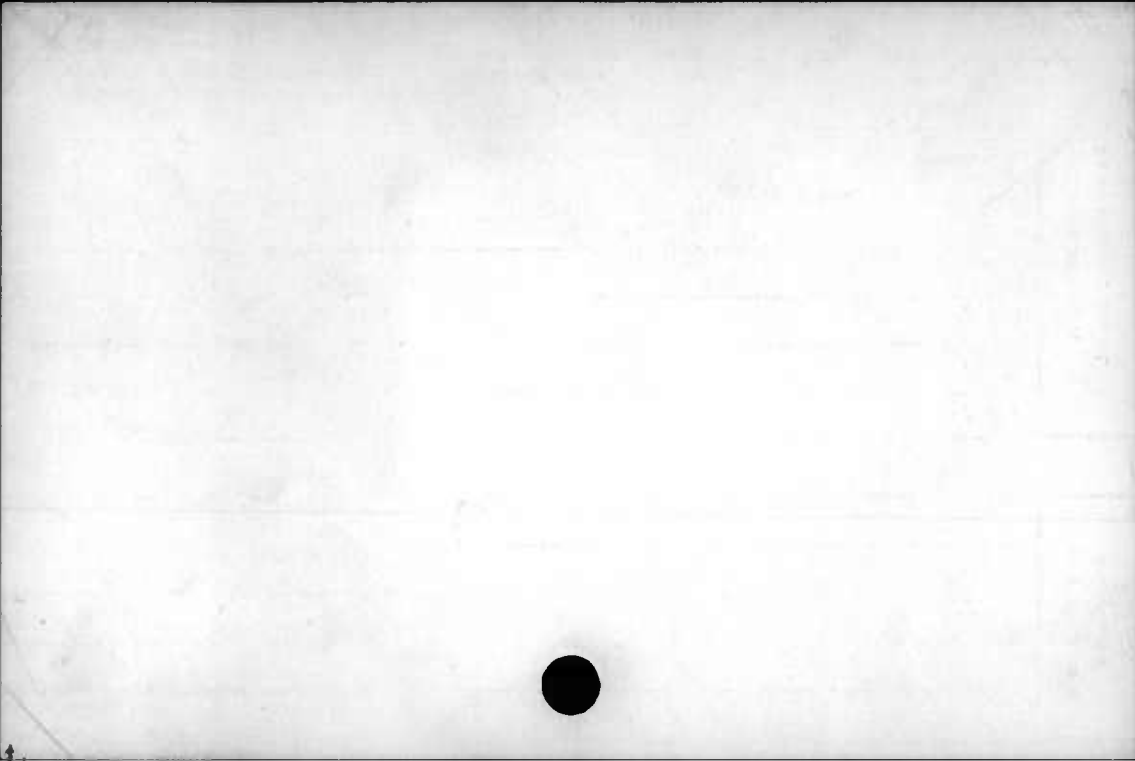
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumuld</u> Town <u>Wm</u> County <u>Alleghany</u>		MARYLAND	
Date of death <u>1905</u> <u>May</u> <u>27</u>	Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumuld.</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm J. Dryer</u>	Father's Birthplace <u>Cumuld.</u>		
Mother's Maiden Name <u>Amelia Strong</u>	Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Wm J. Dryer</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Birth</u>	<u>S.</u>	How long <u>—</u>
Immediate <u>" "</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Jochman</u>	Address <u>Fogelman</u>
Accident or Suicide? <u>—</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

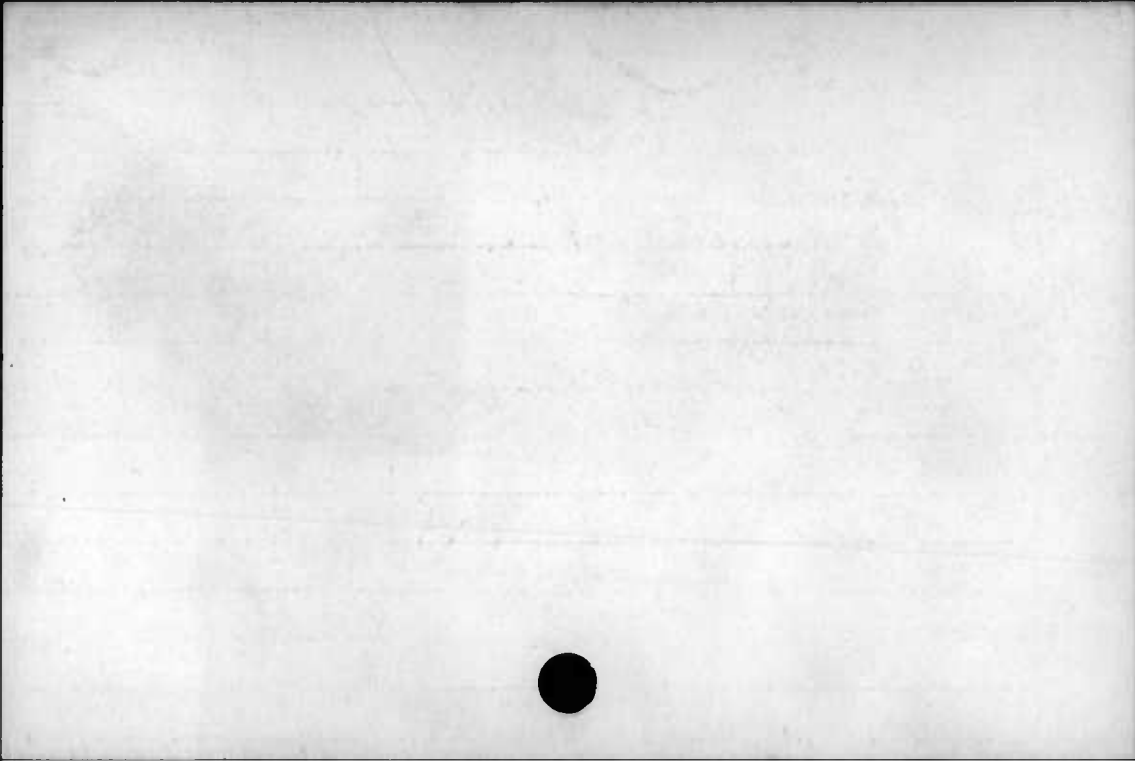
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1905	Month	May	Day	3	Age	2
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumberland</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>John Lane</i>			Father's Birthplace	
Mother's Maiden Name			<i>Ella Moore</i>			Mother's Birthplace	
Name of person giving information						How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Long birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. Damm M.D.</i>
	Address <i>8 South-Georgistk.</i>
Accident or Suicide? <i>#90 Fayette St</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

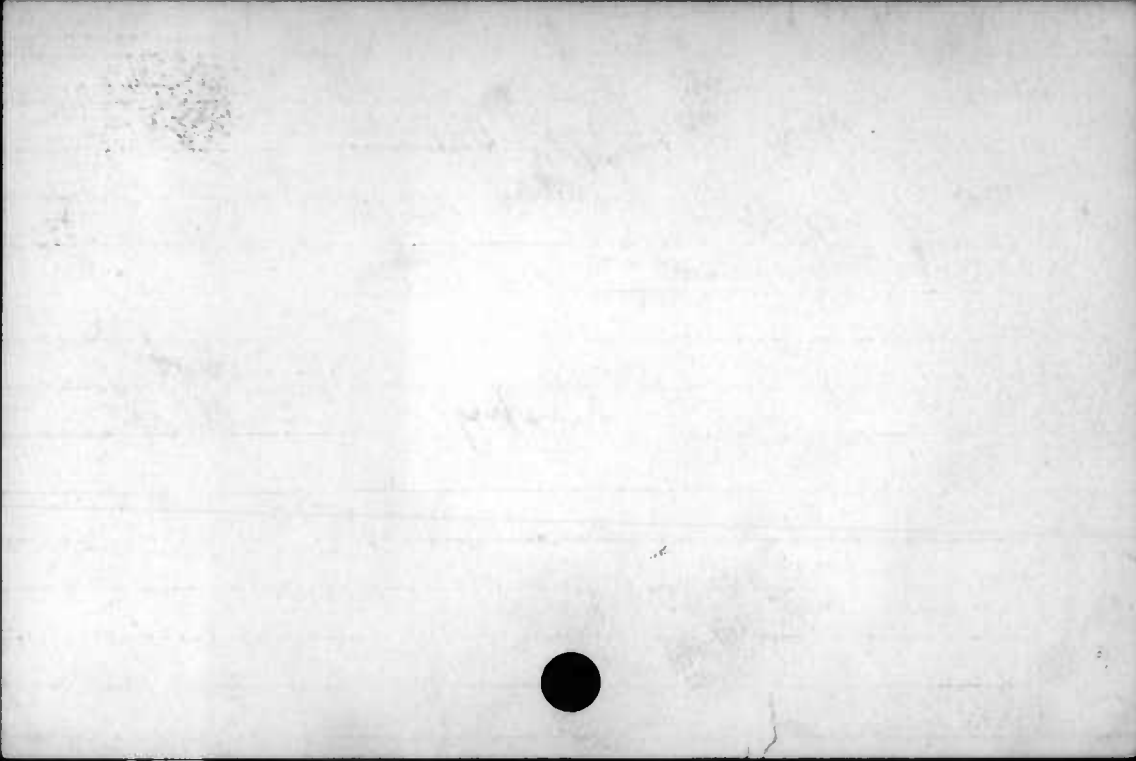
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wilmington</i>		Town <i>Delaware</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>May</i>	Day <i>2</i>	Age <i>34</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Poland</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>Wife</i>			
Name of person giving information <i>Julia Tachersky</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>six weeks</i>
Immediate <i>Regurgitation of bowels</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Kallaway</i>
	Address <i>Piedmont</i>
Accident or Suicide? <i>No</i>	<i>J. J. K.</i>





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1905

May

22

Age

—

—

—

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo Fisher

Father's  
Birthplace

Md

Mother's  
Maiden Name

Bessie Graves

Mother's  
Birthplace

Md

Name of person giving  
Information

Geo Fisher

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Premature Birth S.

How long

Immediate

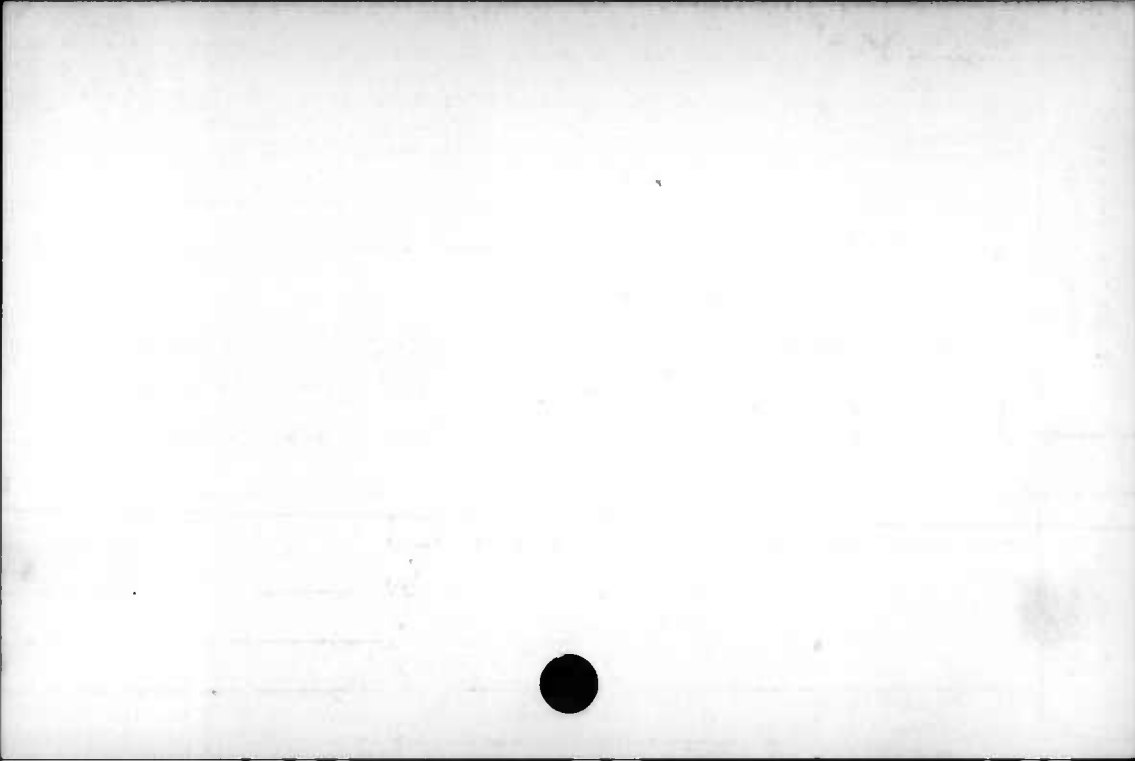
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

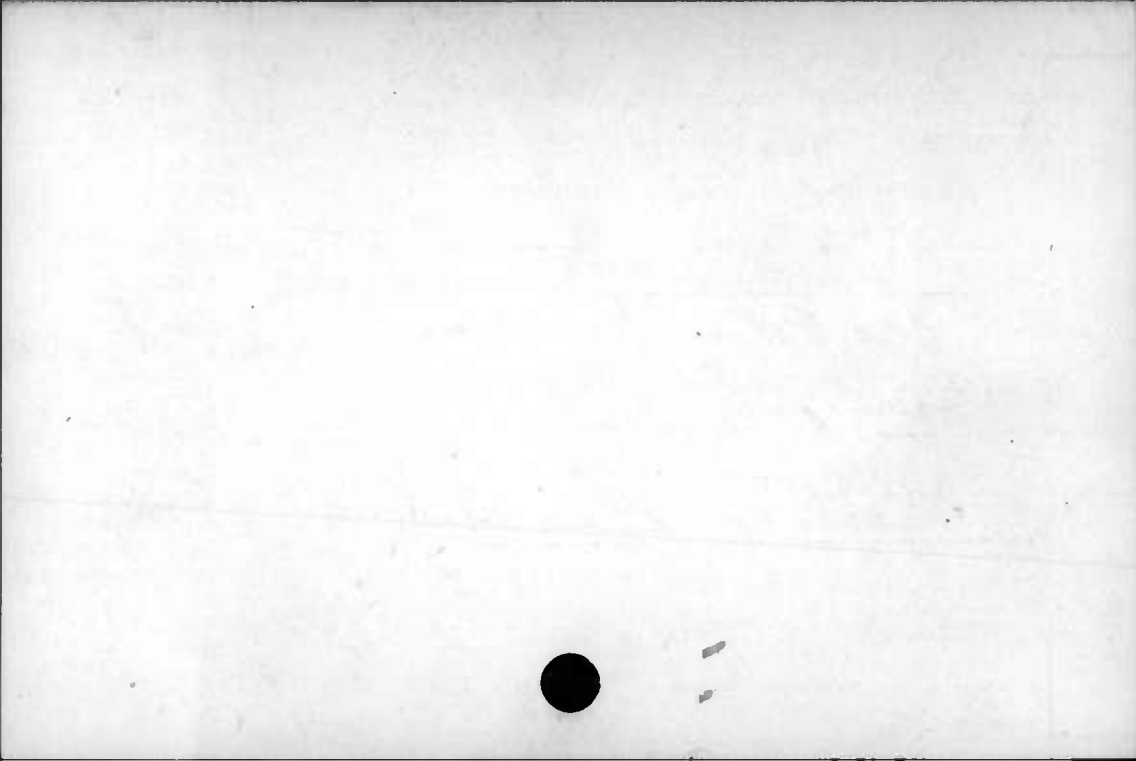
Address

J. J. Wilson  
Cumberland

Accident or Suicide?



Name in Full		John Wm Foreman				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND							
		Died at		burrhead		Allegheny							
		Date of death	1905	Month	May	Day	4	Age	Years 61	Months	—	Days	—
		Sex	male	Color or Race	White	Birth-place	Va						
		Occupation	Painter			Where Residing if not at place of death			—				
		Married, Single or Widowed	Married			Name of Wife or Husband	Racheal						
		Father's Name	—			Father's Birthplace	—						
Mother's Maiden Name	—			Mother's Birthplace	—								
Name of person giving information	Luther Shindler				How related to deceased	Nephew							
PHYSICIAN OR CORONER		CAUSES OF DEATH											
		Primary	Bleed of tongue						How long	4 hrs			
		Immediate	Asphyxiation						How long	H 11			
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician					
		Address						Cumberland Md					
Accident or Suicide?		No											



Name  
in  
Full

Mrs Julia A Frazier

## CERTIFICATE OF DEATH

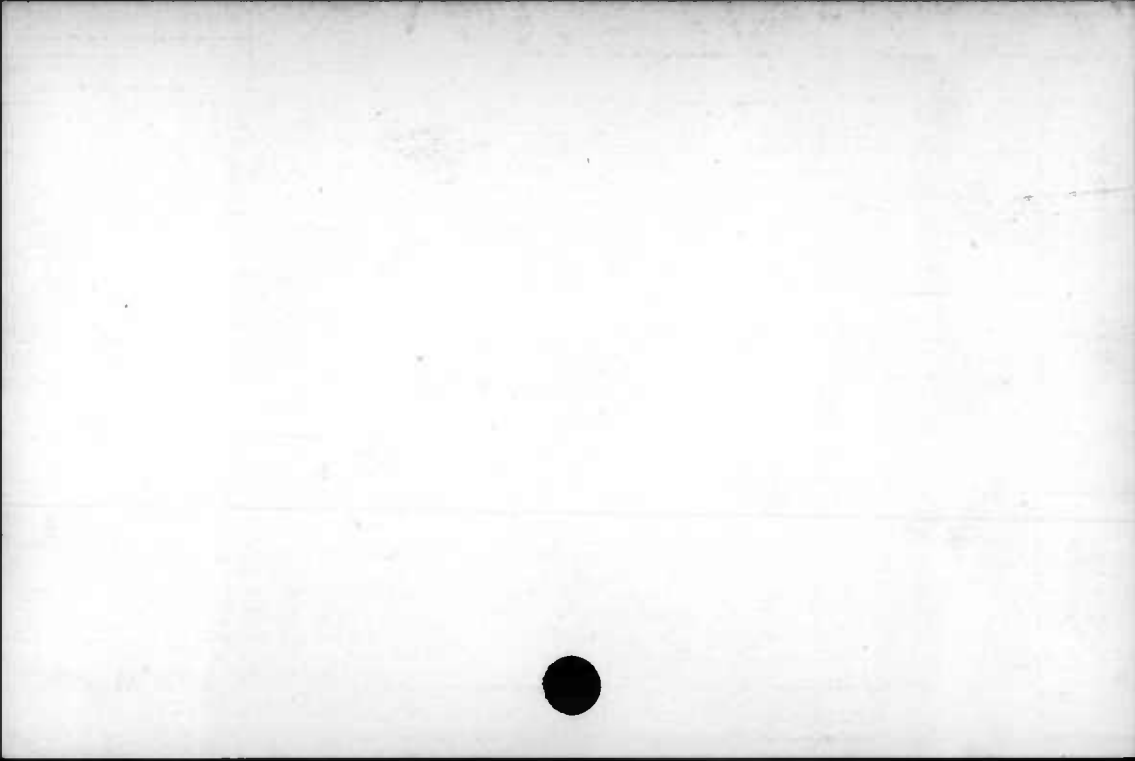
Died at <sup>Town</sup> Cumberland <sup>County</sup> Allen.

MARYLAND

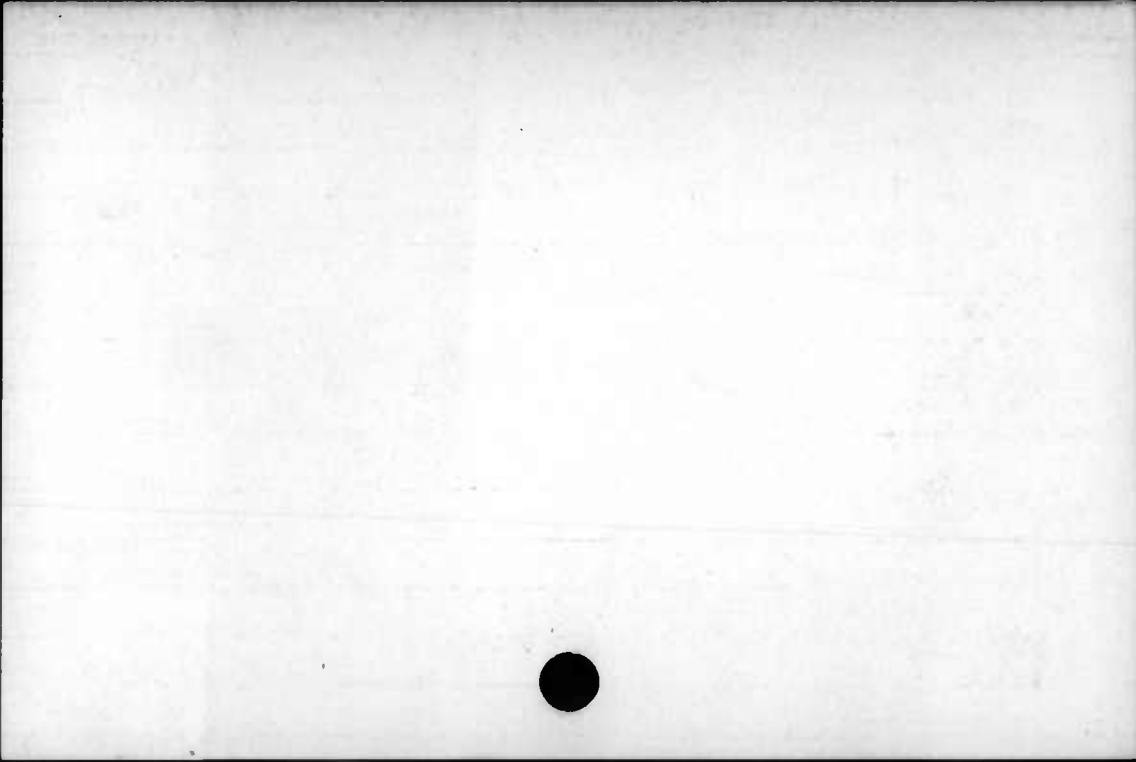
Date of death 1905 <sup>Month</sup> May <sup>Day</sup> 14 <sup>Age</sup> 79 <sup>Years</sup> <sup>Months</sup> 1 <sup>Days</sup> -Sex female <sup>Color or Race</sup> white- <sup>Birth-place</sup> MdOccupation <sup>Where Residing if not at place of death</sup>   
Hw -Married, Single or Widowed <sup>Name of</sup> <sup>Widow</sup> <sup>Husband</sup> Daniel FrazierFather's Name <sup>Father's Birthplace</sup> Jno Peter Speelman MdMother's Maiden Name <sup>Mother's Birthplace</sup> Sarah Myers MtName of person giving information <sup>How related to deceased</sup> Wm Frazier Son

## CAUSES OF DEATH

Primary <sup>How long</sup> Senile decay 14 5 mosImmediate <sup>How long</sup> Coma 36 hoursAre the name, age, sex, color, date and place correctly given above? <sup>yes</sup>Signature of Physician <sup>Address</sup>   
J. H. FrazierAccident or Suicide?   
Cumberland MdTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Ireland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cumtland</i>		County		MARYLAND		
	Date of death	1905	Month	May	Day	18	Age
			Years		Months		Days
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		<i>Geo W Ireland</i>		Father's Birthplace		<i>W Va</i>
Mother's Maiden Name		<i>Minnie B Talley</i>		Mother's Birthplace		<i>W Va</i>	
Name of person giving information		<i>Parents</i>		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Stillborn between 4" &amp; 5" Mo.</i>			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<i>Dr. L. B. Grafton</i>	
				Address		<i>Cumtland</i>	
	Accident or Suicide?					<i>red</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

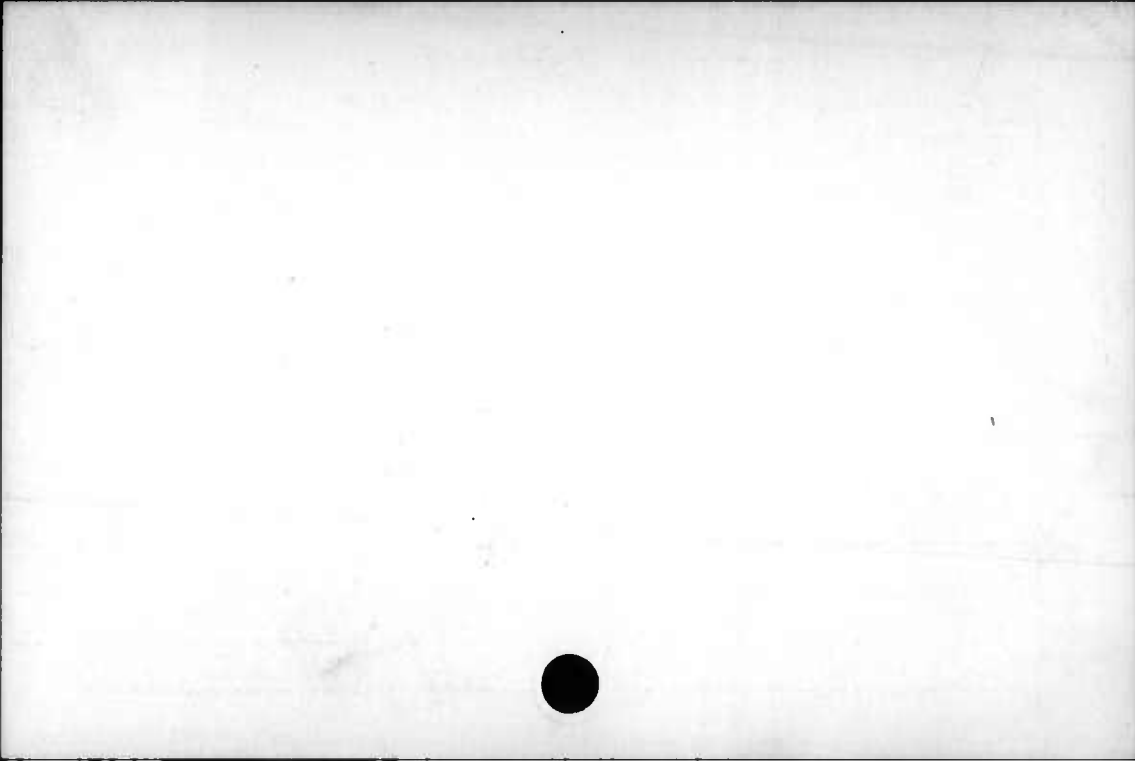
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtreland Maryland</u>		County <u>Maryland</u>	
Date of death <u>1905</u>	Month <u>5</u>	Day <u>29</u>	Age <u>75 or 80 yrs</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u></u>	
Occupation <u>Inmate of Asylum</u>	Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>		
Father's Name <u></u>	Father's Birthplace <u></u>		
Mother's Maiden Name <u></u>	Mother's Birthplace <u></u>		
Name of person giving Information <u></u>	How related to deceased <u></u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>old age</u>	How long <u></u>
Immediate <u>Exhaustion</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Twigg,</u>
	Address <u>Cumtreland, Md.</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

Margarette Gooding

## CERTIFICATE OF DEATH

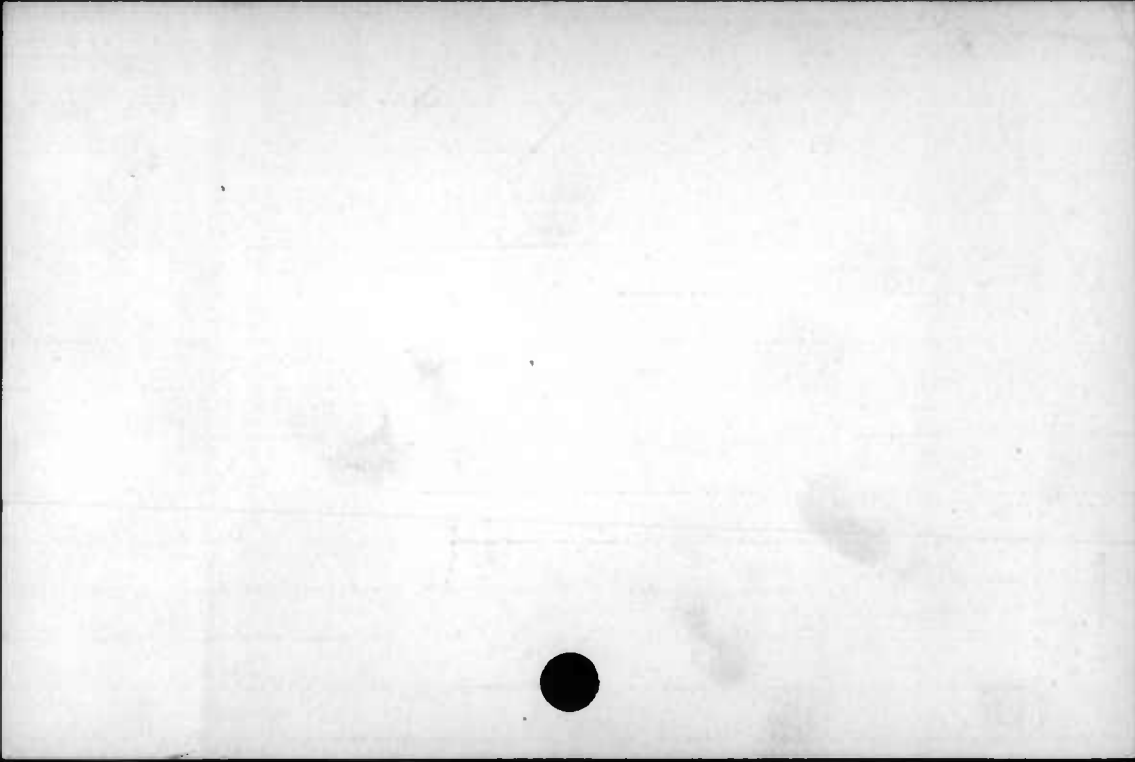
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Summerville</i>			County <i>Augusta</i>			MARYLAND	
Date of death	1905	Month <i>May</i>	Day <i>12</i>	Age <i>54</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>Wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of <del>Wife or</del> Husband	<i>George L Gooding</i>			
Father's Name	<i>—</i>					Father's Birthplace	
Mother's Maiden Name	<i>—</i>					Mother's Birthplace	
Name of person giving information	<i>Edward Gooding</i>					How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nephroderma</i>	How long	<i>6 months</i>
Immediate	<i>expansion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas W Koon</i>	
<i>yes</i>		Address <i>Central and</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

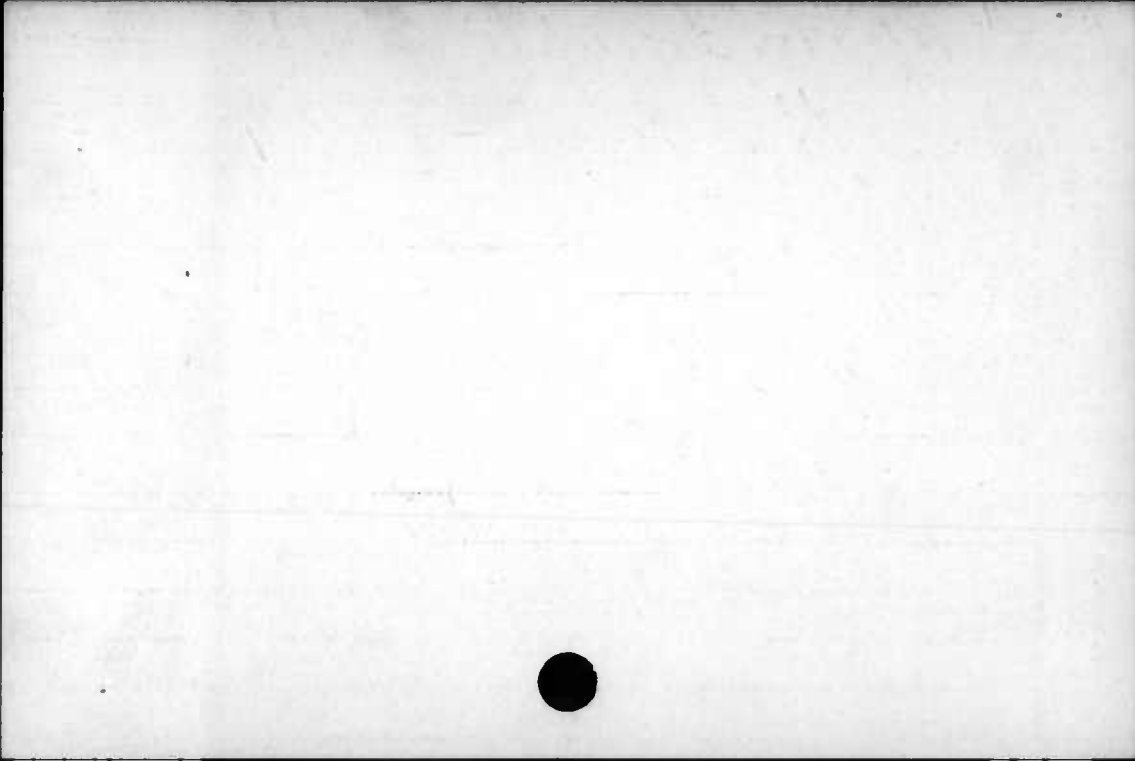
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Franklin Brubh</i>		Town <i>Brimmold</i>		County		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 May 16</i>		<i>—</i>		<i>9</i>	
Sex <i>male</i>		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>W. F. Brubh</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary Leader</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>W F Brubh</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>150</i>
Immediate	<i>hydrocephalus</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr J Jones Wilson</i>	
		Address	
		<i>Dr Chamberland</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Fannie Quinn

## CERTIFICATE OF DEATH

MARYLAND

Died at *Sord* TownCounty *Allegheny*Date of death *1903- May*Day *19*Age *37*Months *10*Days *—*Sex *Female*Color or  
Race*White*Birth-  
place*Barton*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Ben Quinn*Father's  
Name*William Tofton*Father's  
Birthplace*W. Va.*Mother's  
Maiden Name*Margaret M. Buskirk*Mother's  
Birthplace*Seneca*Name of person giving  
In formation*George Hunter*How related  
to deceased*Bro. in Law*

## CAUSES OF DEATH

Primary

*Valvular disease of heart*

How long

*4 years*

Immediate

*Ascites - Exhaustion*

How long

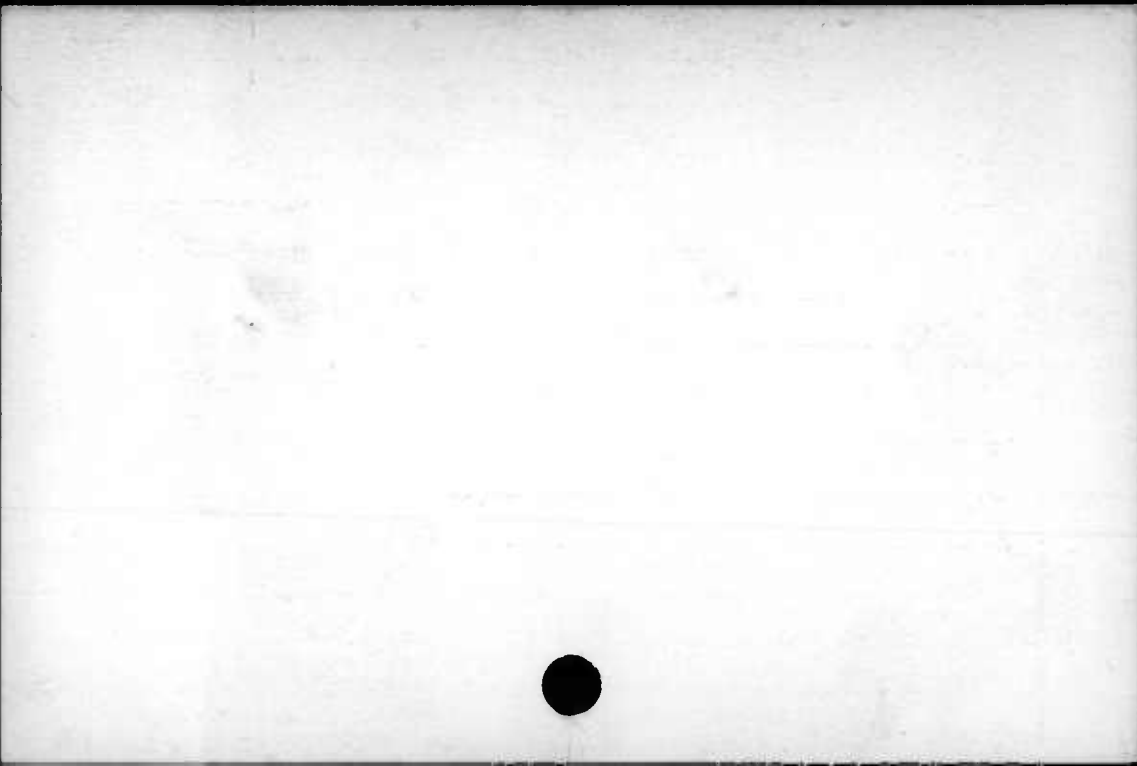
*3 months*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*James O. Bullock*  
*Seneca Maryland*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

George M. Harnelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>5</u>	Day <u>4</u>	Age <u>62</u>	Years <u>1</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>Private of U.S. Army</u>			Where Residing if not at place of death <u>Dr. Williams</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <u>Stroke</u>	How long <u>3 hrs</u>
Immediate Cause <u>Exhaustion</u>	How long <u>2 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. F. Wigg</u>
	Address <u>Cumberland, MD</u>
Accident or Suicide? <u>No</u>	

G & M

Alley

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant - John T Hunter

Town

County

Died at *Camden**Allegany*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1905**May**25*

Age

*2 Weeks*

Sex

*male*Color or  
Race*White*Birth-  
place*Camden*

Occupation

*-*Where Residing if not  
at place of death*-*Married, Single  
or Widowed*-*Name of Wife or  
Husband*-*Father's  
Name*John T Hunter*Father's  
BirthplaceMother's  
Maiden Name*Flov Bardner*Mother's  
BirthplaceName of person giving  
Information*John T Hunter*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

How long

Immediate

*Infantile convulsions*

How long

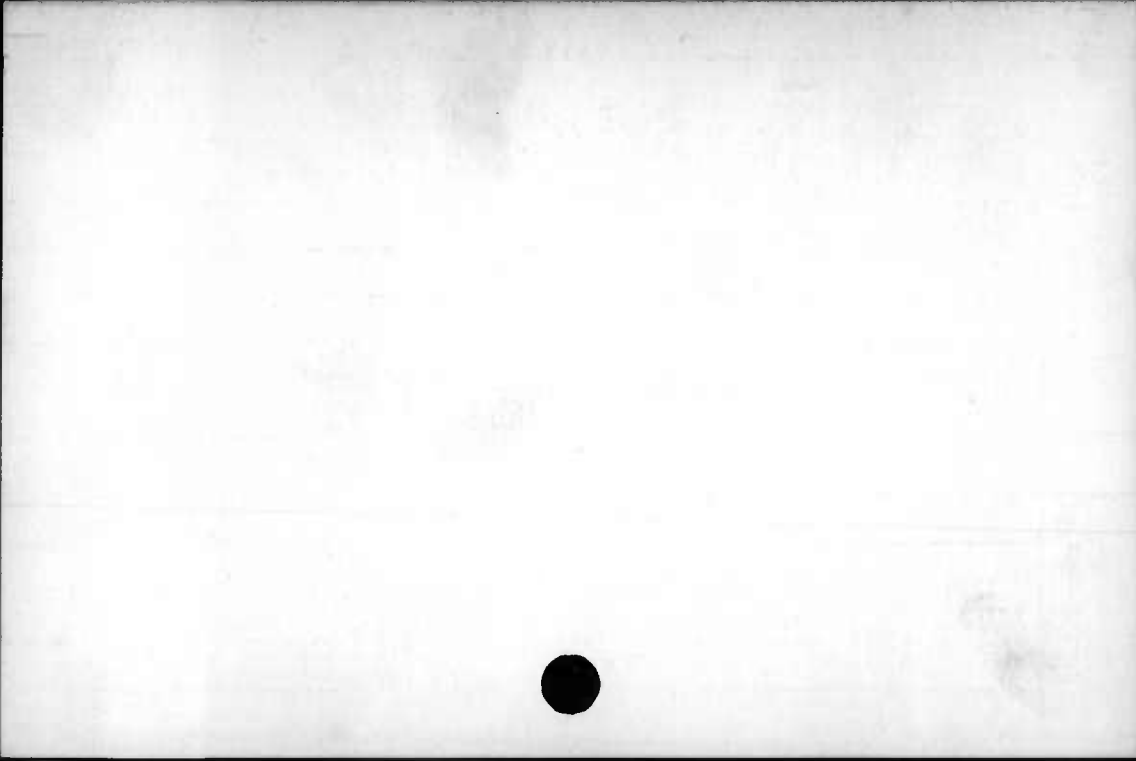
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*A. H. Hawkins*

Accident or Suicide?

*for phone*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Exhant</i> <sup>town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>-</i>	Age <i>40</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>U.S.</i>		
Occupation <i>S.N.</i>		Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed <i>W.</i>	Name or Wife or Husband <i>Daniel Kapt</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>chronic Menchey motor Neptides</i>	How long <i>7 years</i>
Immediate <i>Anaemia</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. H. Davelg</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide?	

J. F. & Co

Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		Firthum		Allegheny		MARYLAND	
Date of death	1906	Month	May	Day	21	Age	66
						Years	2
						Months	
						Days	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
			Mary A. Kreiling				
Father's Name	Louis Kreiling		Father's Birthplace				
			Germany				
Mother's Maiden Name	Don't know		Mother's Birthplace				
			Germany				
Name of person giving information	August Kreiling		How related to deceased				
			Son				
CAUSES OF DEATH							
Primary	Asthma + Myocarditis		How long				
			Several years				
Immediate	Cardiac exhaustion		How long				
			Short time				
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician				
			J. C. Colby				
			Address				
			Firthum, Pa.				
Accident or Suicide?	No						

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

GKM.



Name  
in  
Full

J Frank Lakell

## CERTIFICATE OF DEATH

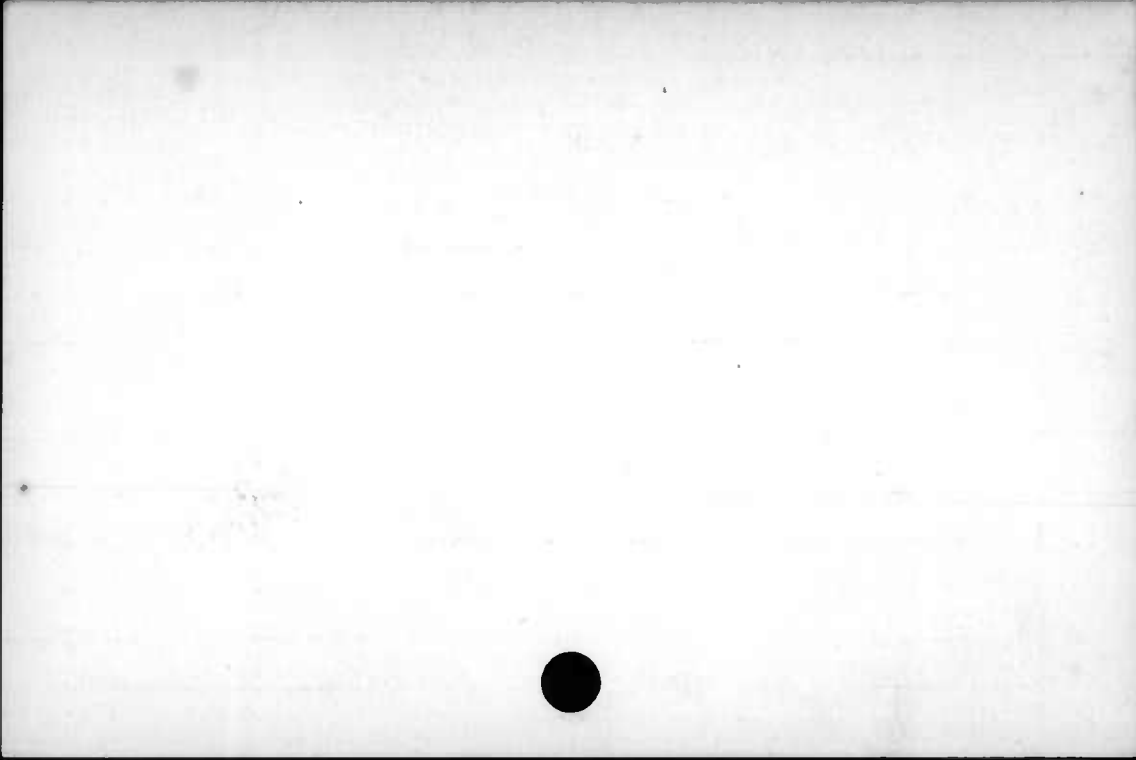
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Crumbo		County Allegheny		MARYLAND	
Date of death	1905	Month May	Day 21	Age 25	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	Wva
Occupation	RR Foreman			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband				
Father's Name	—					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving Information	J H C Bonararo					How related to deceased	none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dealed	How long	1 week
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Crumbo	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

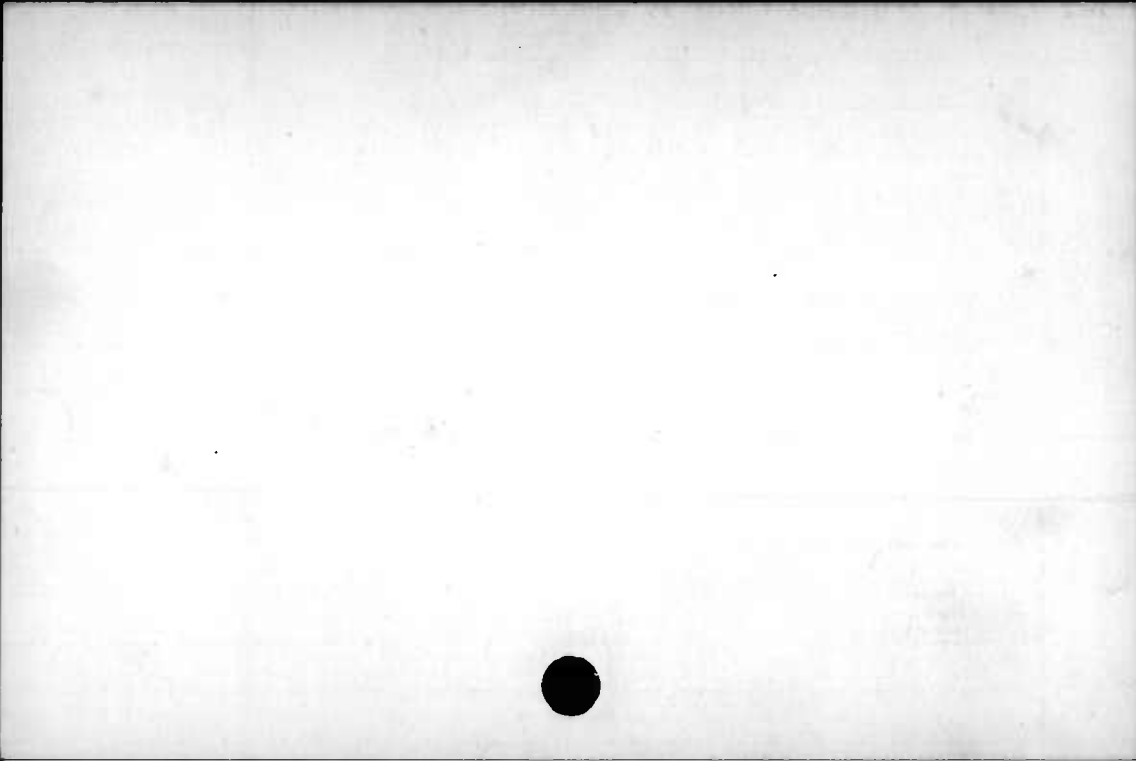
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brown</i> Town		County <i>Alle</i>			
Date of death <i>1905</i>	Month <i>May</i>	Day <i>28</i>	Age <i>13</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Po</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>William Campbell</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 8 moos.</i>
Immediate <i>Gen. Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Thompson</i>
	Address <i>637 N. Michigan</i>
Accident or Suicide?	



Name  
in  
Full

John F. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Wflegary</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>19</u>	Age <u>19</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>W-Va</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Saml. F. Lee</u>			Father's Birthplace <u>Washington D.C.</u>		
Mother's Maiden Name <u>Lusy Kent</u>			Mother's Birthplace <u>W-Va</u>		
Name of person giving information <u>Lusy Lee</u>			How related to deceased <u>Mother</u>		

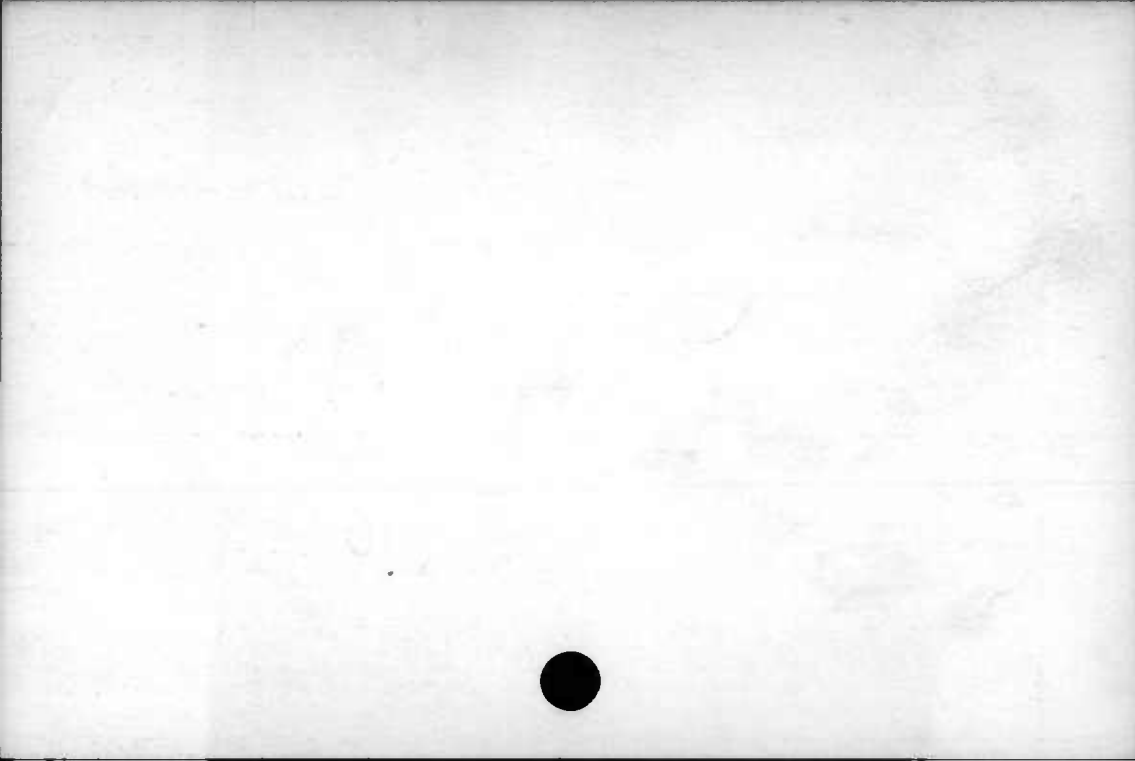
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>8 months</u>
Immediate <u>Exhaustion</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>—</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lonaconing</i>		Town <i>Adley</i>		County <i>Adley</i>
	Date of death <i>1908</i>		Month <i>May</i>	Day <i>6</i>	Age <i>4</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>
	Occupation <i>none</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Isaac Love</i>		Father's Birthplace <i>Scotland</i>		
	Mother's Maiden Name <i>Mary Laird</i>		Mother's Birthplace <i>Lonaconing</i>		
Name of person giving information <i>Mrs. J. B. Dixon</i>		How related to deceased <i>Aunt</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Capillary Bronchitis</i>		How long	<i>Four weeks</i>
	Immediate	<i>Pericarditis</i>		How long	<i>Three weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. O. Killian M.D.</i>	
				Address <i>Lonaconing</i>	
Accident or Suicide?		<i>No</i>			





Name  
in  
Full

Allen McDonald

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edgewater</i> <sup>Town</sup>		<i>Alleg.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>May</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>54</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>23</i> <sup>Days</sup>
Sex <i>M</i>	Color or Race <i>W</i>		Birth-place <i>Nova Scotia</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>McDonald</i>				
Father's Name <i>John McDonald</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Wm Goble</i>	How related to deceased <i>Son in Law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>3 years</i>
Immediate <i>Grippe &amp; Acute Ch. Bronch</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Griffith</i>
	Address <i>First St. N. E.</i>
Accident or Suicide? <i>—</i>	

born

Catthake Cemetery

---

Name  
in  
Full

Viola McDowell

## CERTIFICATE OF DEATH

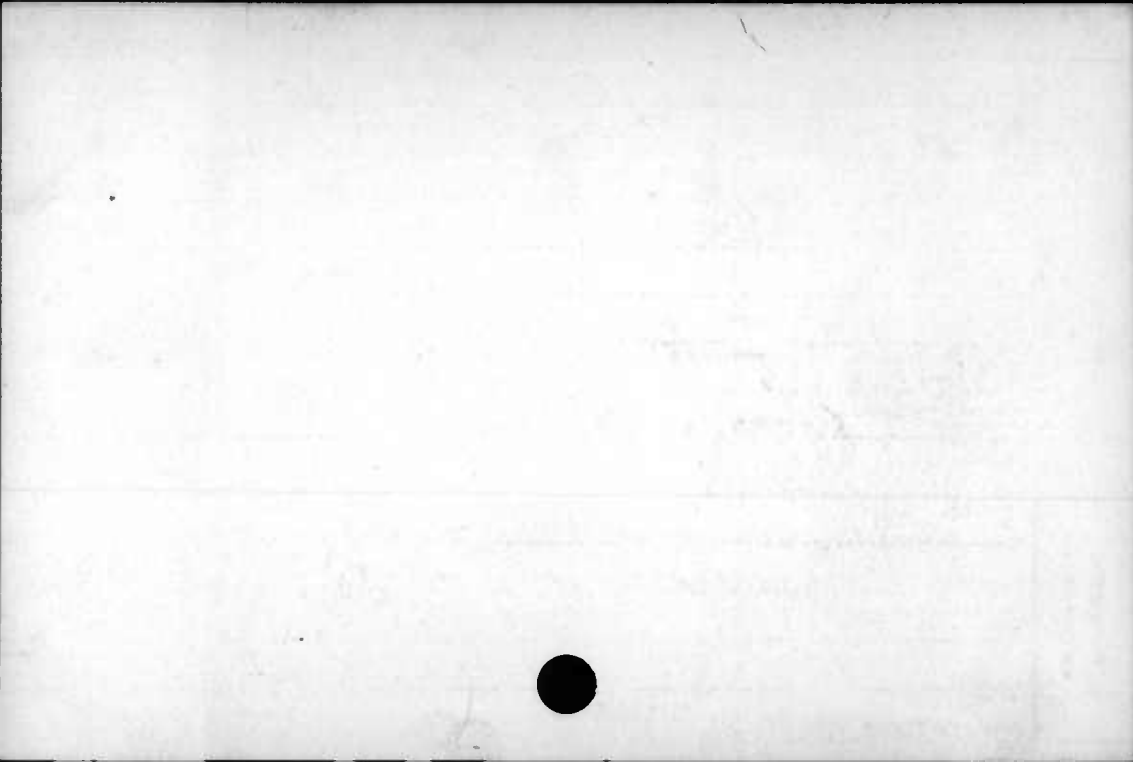
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		May	2	26			
Sex	Female		Color or Race	White		Birth-place	
Occupation	Wife		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband	Edward Mc Dowell			
Father's Name	—		Father's Birthplace				
Mother's Maiden Name	—		Mother's Birthplace				
Name of person giving information	Edward Mc Dowell		How related to deceased				
		Husband					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Obstruction of Bowels	How long	
Immediate	Banglone " "	How long	105
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	
		E B Blaylock, M.D.	
		phone	



Name in Full *Sherridan Miller*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

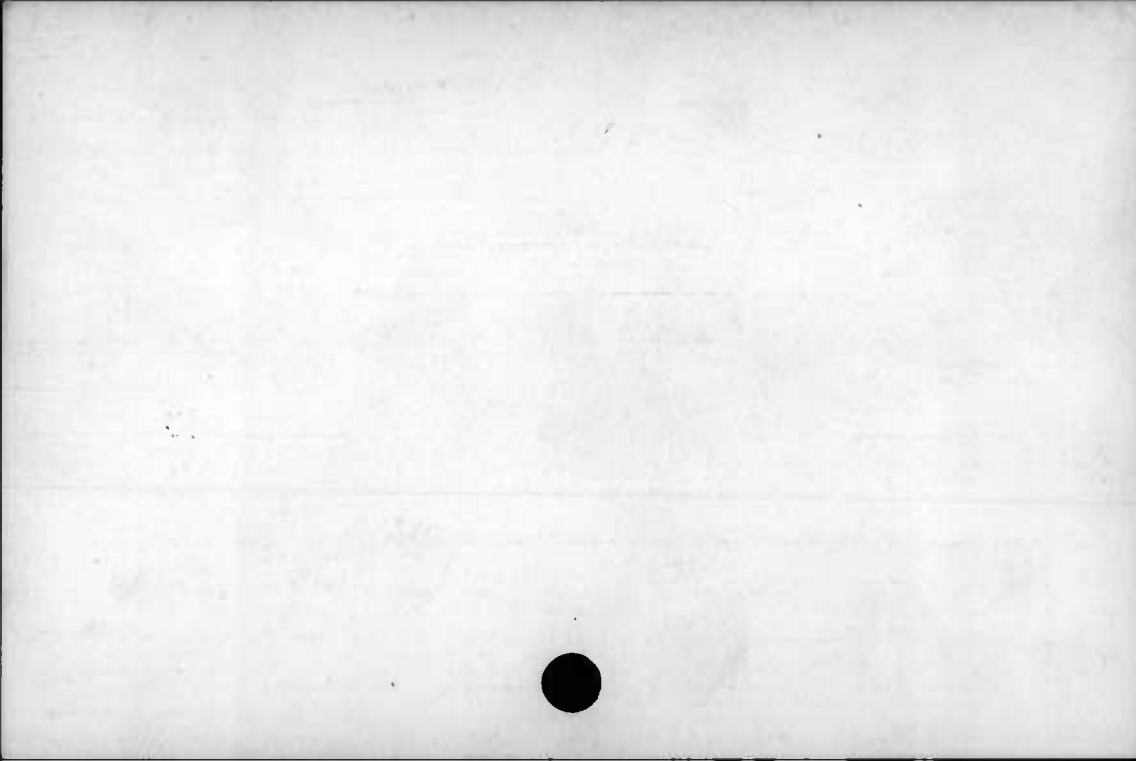
MARYLAND

Died at <i>Lumberton</i> Town <i>allegany</i> County			
Date of death <i>1905</i>	Month <i>May</i>	Day <i>10</i>	Age <i>36</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>-</i>	Father's Birthplace		
Mother's Maiden Name <i>-</i>	Mother's Birthplace		
Name of person giving information <i>J. J. [Signature]</i>	How related to deceased <i>166</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asphyx, accident</i>	How long <i>3 hours</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>Lumberton Ind</i>
Accident or <i>[Redacted]</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs J J Moore

Town

County

MARYLAND

Died at *Cumtba*

Date

Month

Day

Years

Months

Days

of death *1905**May**15*

Age

*28*

Sex

*Female*Color or  
Race*White*Birth-  
place*Cumtba*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
Husband*—*Father's  
Name*—*Father's  
BirthplaceMother's  
Maiden Name*—*Mother's  
BirthplaceName of person giving  
In formation*George Will Moore*How related  
to deceased*Sons.*

## CAUSES OF DEATH

Primary

*Abcess of Liver*

How long

*3 yrs*

Immediate

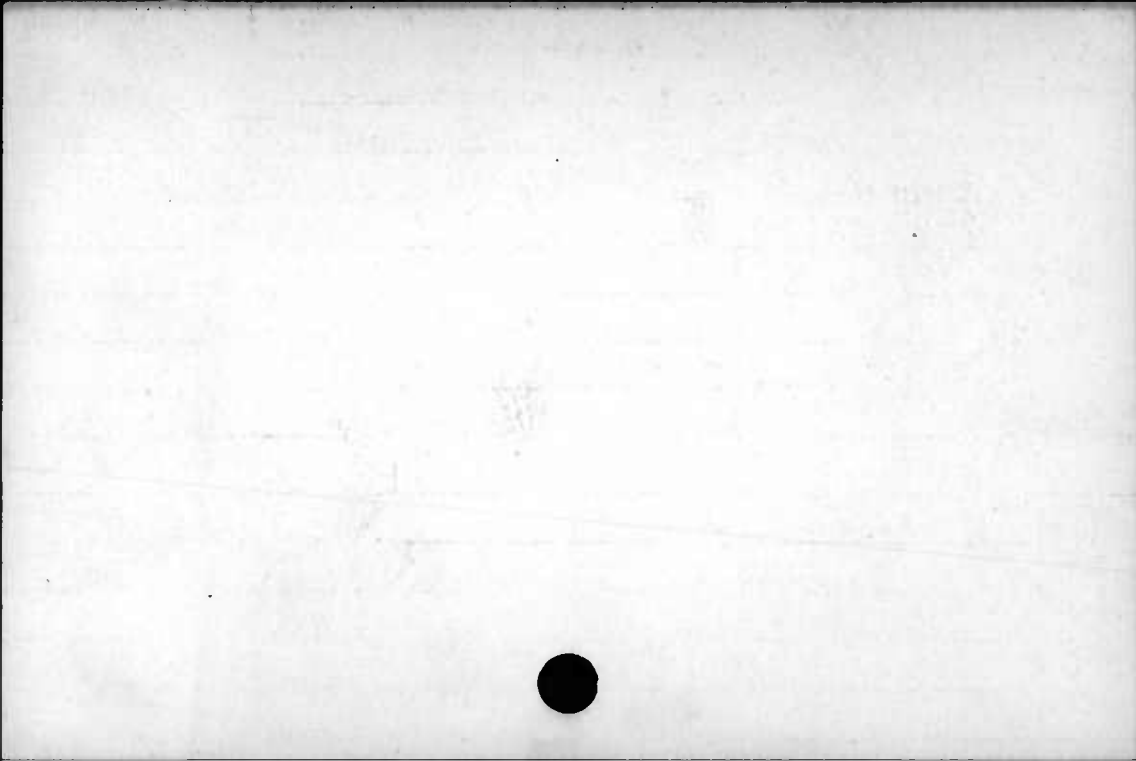
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Dr. James T. Johnson**Cumtba Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Ellen Mullin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		5	11	Age	10		
Sex	Female		Color or Race	White		Birth-place	U. S.
Occupation	—		Where Residing If not at place of death		Home		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Patrick Mullin				Father's Birthplace	U. S.	
Mother's Maiden Name	Julia O'Brien				Mother's Birthplace	U. S.	
Name of person giving information	John Mullin				How related to deceased	Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	cardiac Insufficiency	How long	1 year
Immediate	cardiac Failure	How long	7 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Thomas H. Mauley	
Address		Frostburg, Md	
Accident or Suicide?			

To Mr

Catholic

Secretary

Name

In  
Full

## CERTIFICATE OF DEATH

Peter William Munday

Town

County

MARYLAND

Died at *Camden**very*

Date

Month

Day

Years

Months

Days

of death *1904**May**19*

Age

*76*

Sex

*Male*Color or  
Race*White*Birth-  
place*Med*

Occupation

*Conductor (Retired)*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Hester*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information*Lella Munday*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Sarcema of Face*

How long

*months*

Immediate

*St. Louis*

How long

*weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. H. Hochman*

Address

*2000 1st St. N.W.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

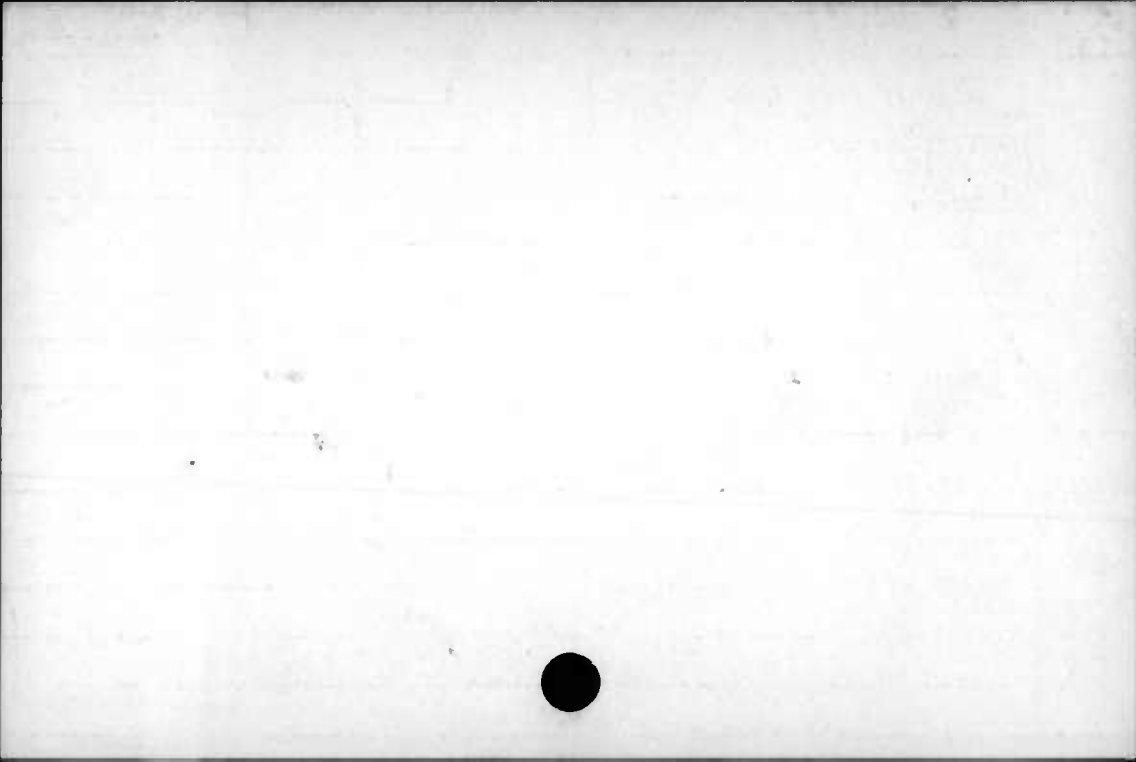
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edinburgh</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>13</i>	Age	Years	Months	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John A. Norrie</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Ellen Norrie</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>—</i>
Immediate	<i>Stillborn</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Bradbury, M.D.</i>
		Address	<i>Edinburgh</i>
Accident or Suicide?	<i>No</i>		<i>Ind</i>



Name  
in  
Full

Mashias Obroth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Eckhart Mines <sup>County</sup> AlleganyDate of death 1905 <sup>Month</sup> May <sup>Day</sup> 28 <sup>Years</sup> Age 14 <sup>Months</sup> 6. <sup>Days</sup> 6.Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> HungaryOccupation Miner <sup>Where Recording if not at place of death</sup>Married, Single or Widowed ☐ Name of Wife or HusbandFather's Name Mashias Obroth <sup>Father's Birthplace</sup> HungaryMother's Maiden Name Christine Seiferth <sup>Mother's Birthplace</sup> HungaryName of person giving information Mashias Obroth <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Acute Bright Disease <sup>How long</sup> 2. weeksImmediate Uremic Convulsions <sup>How long</sup> 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. M. Brownell M.D.

Address Eckhart Mines

Accident or Suicide?

No

F. F. & Co



Name  
in  
Full

## CERTIFICATE OF DEATH

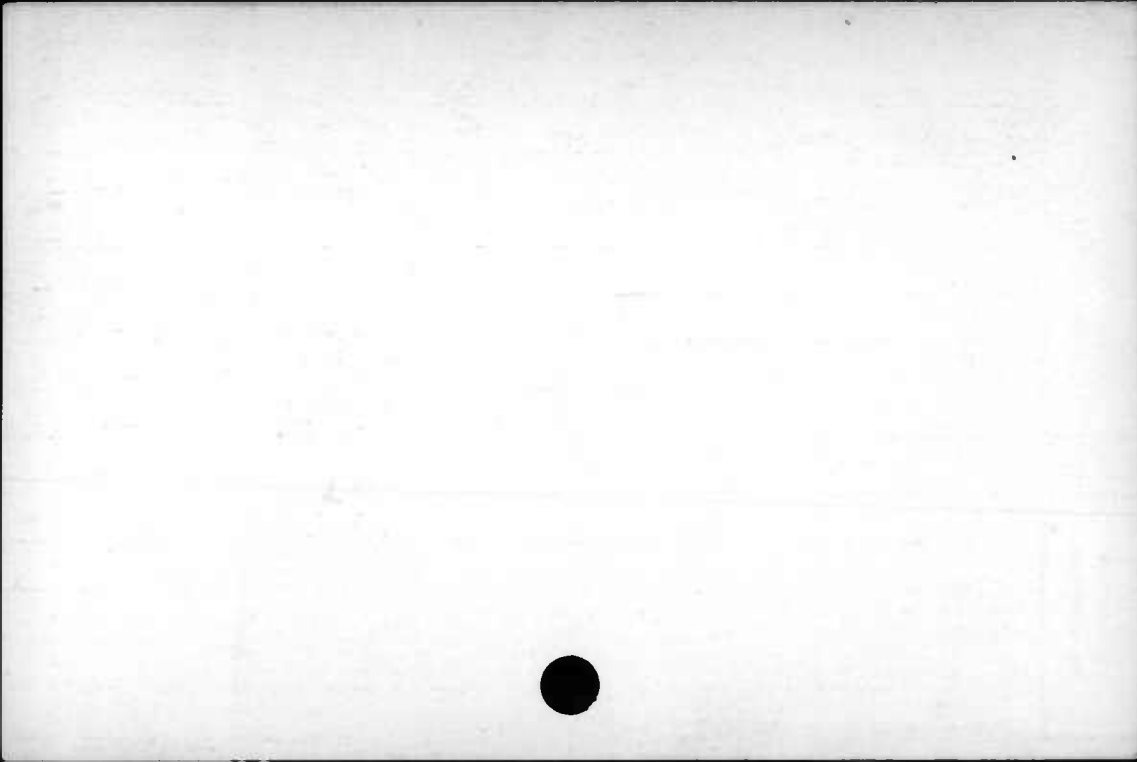
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mathias Obrath</b>		Town <b>Eckhart Mines</b>		County <b>Allegany</b>		State <b>MARYLAND</b>	
Died at		Date of death <b>1905</b>		Age <b>14</b>		Months <b>6</b> Days <b>6</b>	
Month <b>May</b>		Day <b>28</b>		Year <b>14</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Hungary</b>			
Occupation <b>Miner</b>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>Mathias Obrath</b>		Father's Birthplace <b>Hungary</b>					
Mother's Maiden Name <b>Christina Seepert</b>		Mother's Birthplace <b>Hungary</b>					
Name of person giving information <b>Mathias Obrath</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Acute Bright's Disease</b>		How long <b>2 weeks</b>	
Immediate <b>Uremic Convulsions</b>		How long <b>3 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>B. M. Cromwell M.D.</b>	
		Address <b>Eckhart Mines</b>	
Accident or Suicide?		<b>No.</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

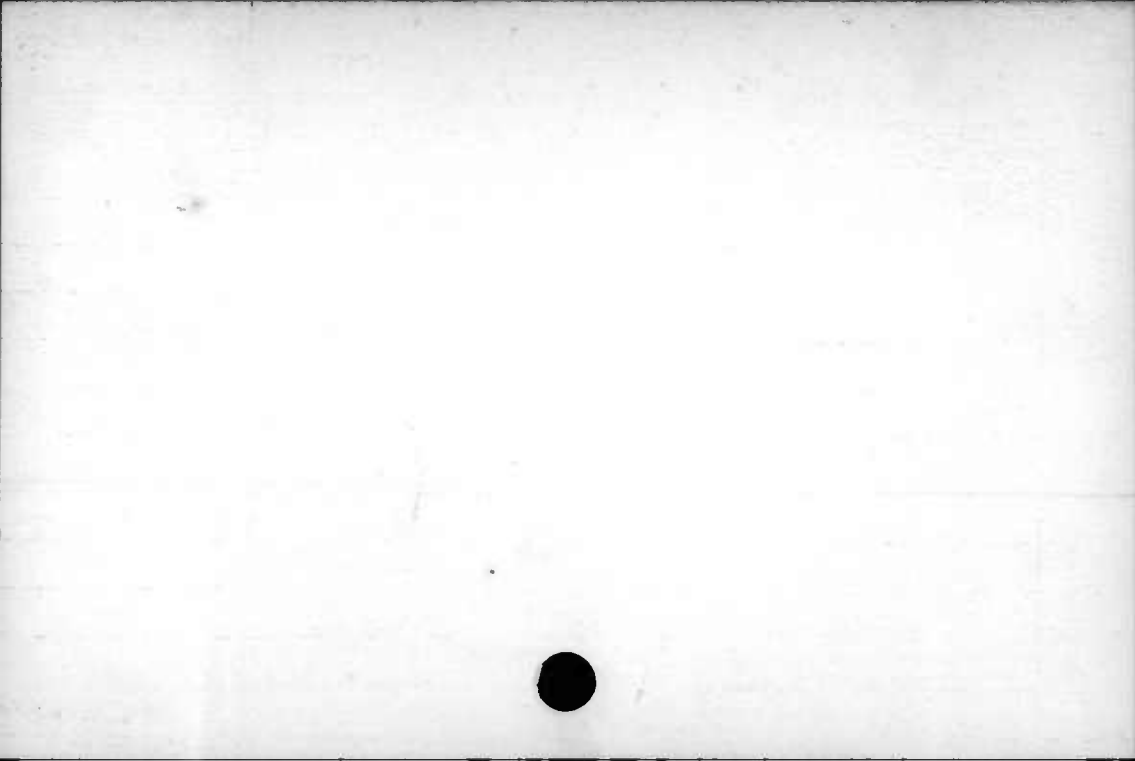
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Lord</i> <small>Town</small>		<i>Alleghany</i> <small>County</small>			
Date of death	<i>1903</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>12</i> <small>Years</small>	<i>45</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Boston</i>
Occupation	<i>Miner</i>		Where Residing if not at place of death <i>East Los Angeles</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife	<i>Caroline Murphy</i>		
Father's Name	<i>William Poland</i>			Father's Birthplace	<i>America</i>
Mother's Maiden Name	<i>Anna Morris</i>			Mother's Birthplace	
Name of person giving information	<i>Mrs George Poland</i>			How related to deceased	<i>Wife</i>

## CAUSES OF DEATH

Primary	<i>Back broken by fall of Coal in mine</i>	How long	<i>Instantly</i>
Immediate	<i>Shot</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Skilling</i>
		Address	<i>East Los Angeles</i>
Accident or Suicide?	<i>Accident</i>		



Name  
in  
Full

Cecil Bennett Porter

## CERTIFICATE OF DEATH

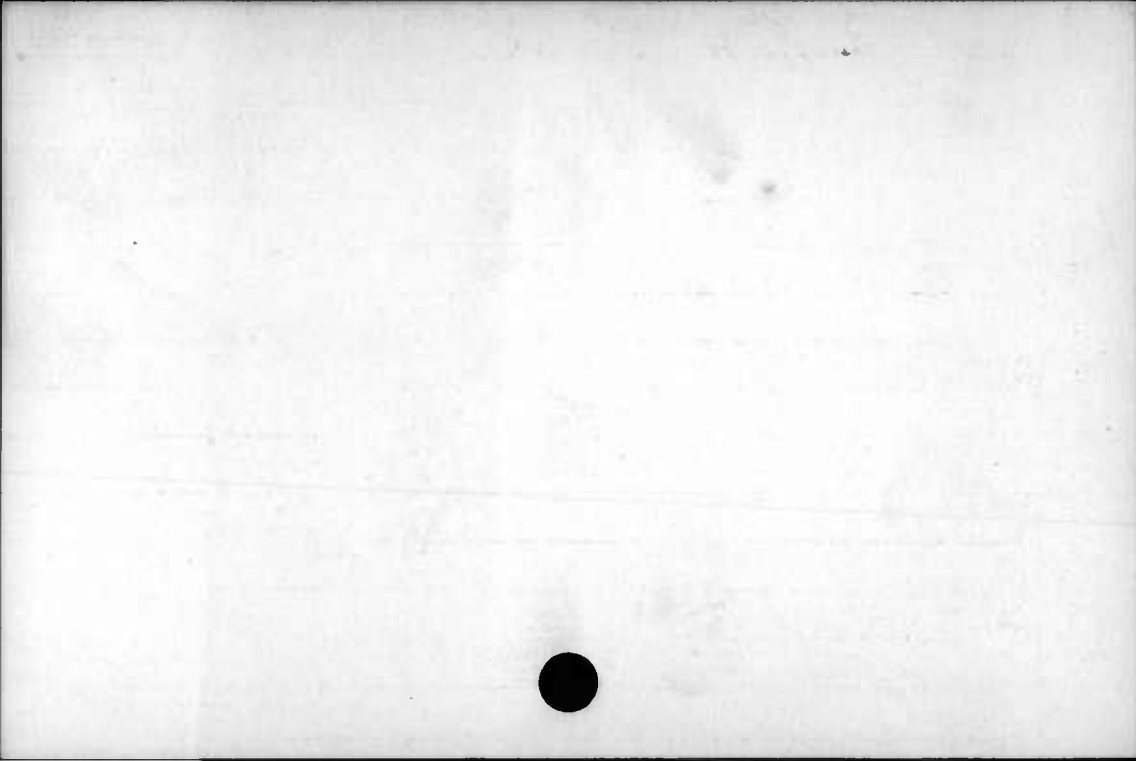
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumby</i> Town		County <i>Allegany</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>8</i>	Age <i>1</i> Years	Months <i>11</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Cesar Porter</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Margaret Gowers</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Menigitis</i>	How long <i>10 ds</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. Roan</i>
<i>Sumner Latta</i>	Address <i>Cumberland</i> <i>Stim</i>
Accident or Suicide? <i>Rose Hice</i>	<i>Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jonathan Rodcliffe* County *Allegheny* Town *Voluum*

Died at *Voluum*

Date of death *190* ✓ Month *5* Day *17* Age *73* Years Months Days

Sex *male* Color or Race *white* Birth-place *England*

Occupation *miner* Where Residing if not at place of death *—*

Married, Single or Widowed *widowed* Name of Wife or Husband *Elizabeth Rodcliffe*

Father's Name *—* Father's Birthplace *Eng*

Mother's Maiden Name *—* Mother's Birthplace *Eng*

Name of person giving information *Joe Rodcliffe* How related to deceased *son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Asthma* How long *99* years

Immediate *Emphysema* How long *1 year*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Fier*

Address *Frostburg Md*

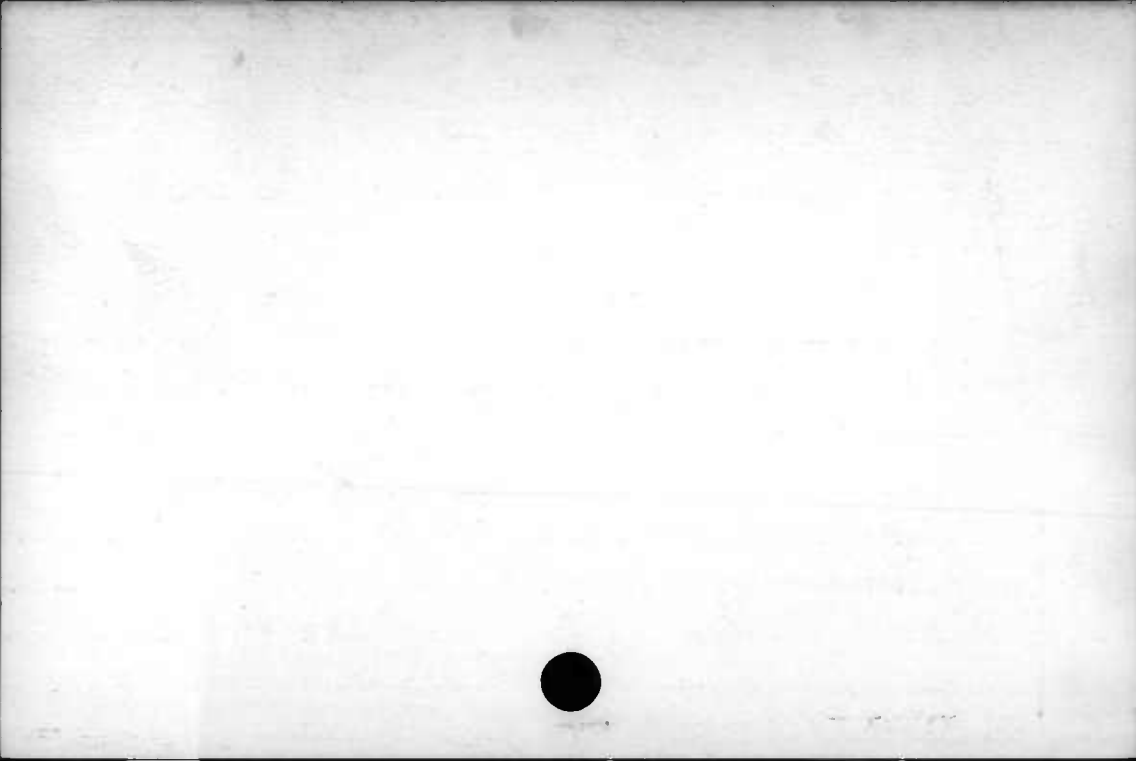
Accident or Suicide? *9*

John





Name in Full		Infant Reese		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town		County		MARYLAND
	Lonscoring		Alligany		
	Date of death	1905	Month	May	Day
	Age	Years	Months	7	Days
	Sex	Female	Color or Race	White	Birth-place
	Occupation		Where Residing if not at place of death	Lonscoring	
	Married, Single or Widowed		Name of Wife or Husband		
FATHER'S NAME	Father's Name		Father's Birthplace		
	Mother's Name		Mother's Birthplace		Lonscoring
	Name of person giving information		How related to deceased		Mother
	Mrs. Reese		Mother		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Premature birth (7 mos)		How long
	Immediate		Dysentery		How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		7 days
	Accident or Suicide?		No		
Signature of Physician		W. J. Skilling		Address	
				Lonscoring	



Name  
in  
Full

## CERTIFICATE OF DEATH

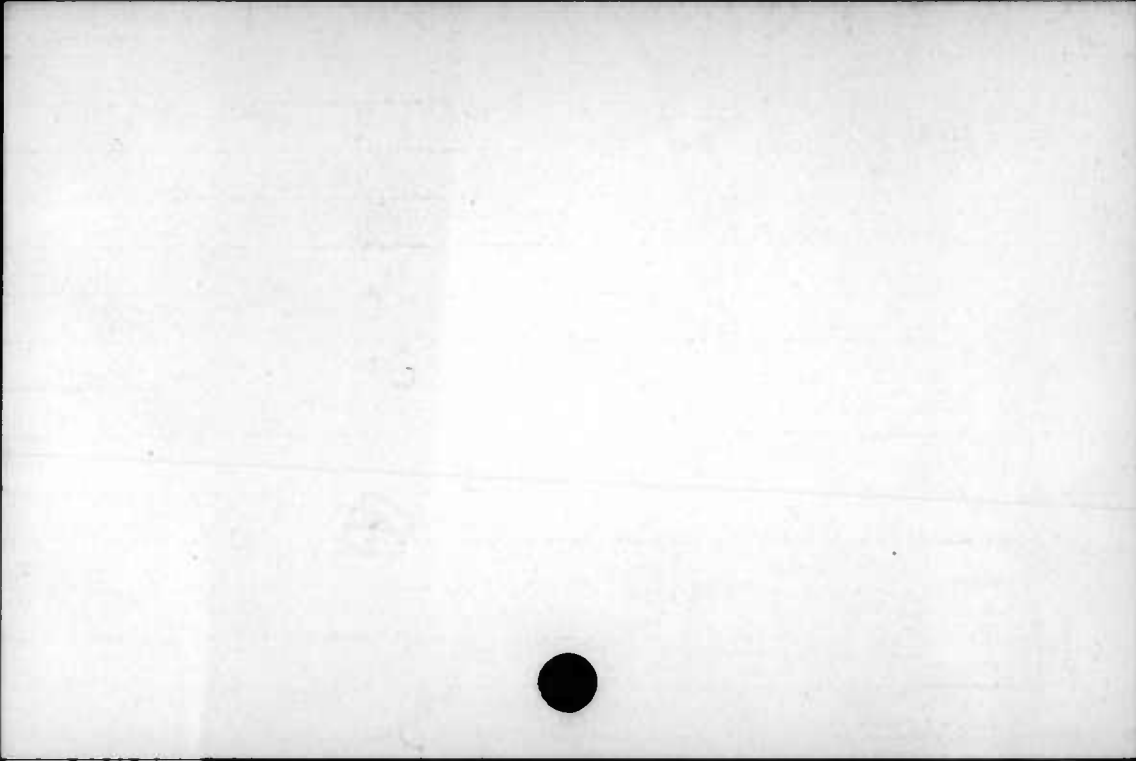
TO BE ANSWERED BY  
NEAREST FRIEND

Infant of John Ring		County		CERTIFICATE OF DEATH	
Died at Cumberland		Allegany		MARYLAND	
Date of death 1908 May		Day 15		Age Years Months Days	
Sex Male		Color or Race White		Birth-place Maryland	
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name John Ring		Father's Birthplace Maryland			
Mother's Maiden Name Anna Whitman		Mother's Birthplace Maryland			
Name of person giving information John Ring		How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Maternal Hemorrhage	How long	Six weeks
Immediate	Still-born	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. R. Hodges	
Yes		Address Cumberland, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

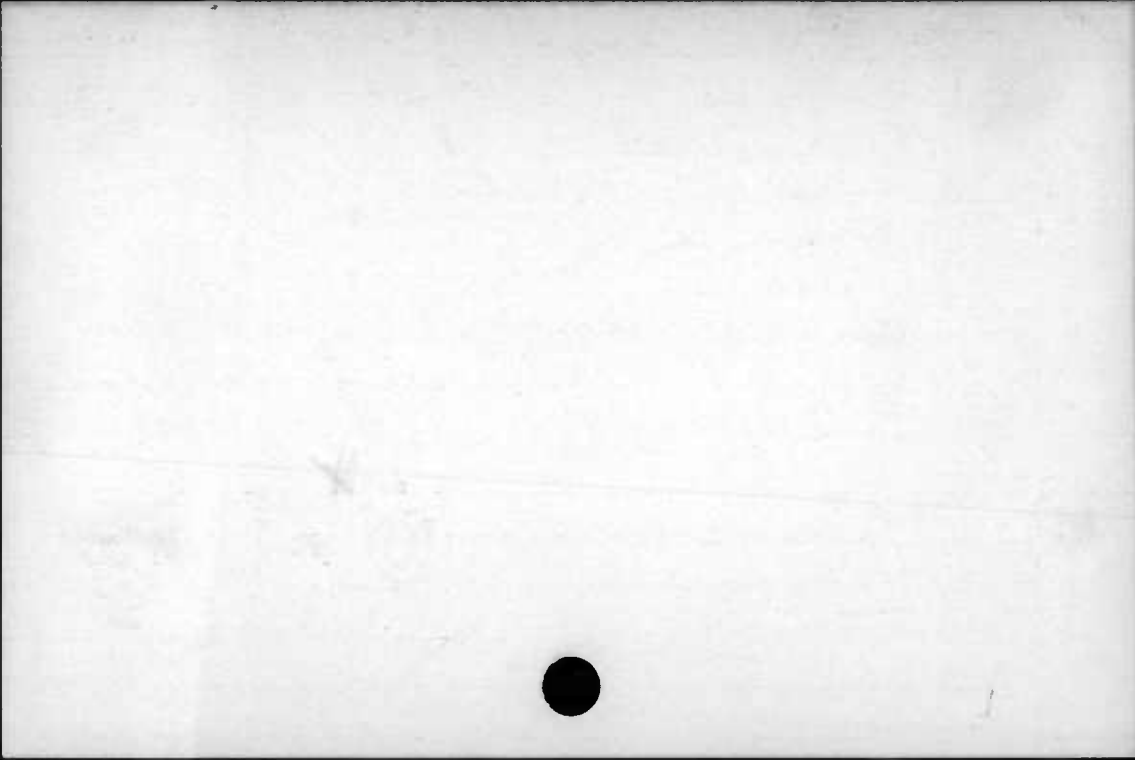
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Maria Teresa Scarnati</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>30</i>		Years <i>36</i>	
Date of death <i>1905</i>		Age <i>36</i>		Months <i>7</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Frostburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Peter Scarpelli</i>					
Father's Name <i>Biaggio Scarnati</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Carmela Scarnati</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Amber Coza</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Placenta Previa</i>		How long <i>3 1/2</i>	
Immediate <i>Anti-partum hemorrhage</i>		How long <i>10 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Cozy</i>	
Address <i>Frostburg, Md.</i>			
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Dora Shaffer

## CERTIFICATE OF DEATH

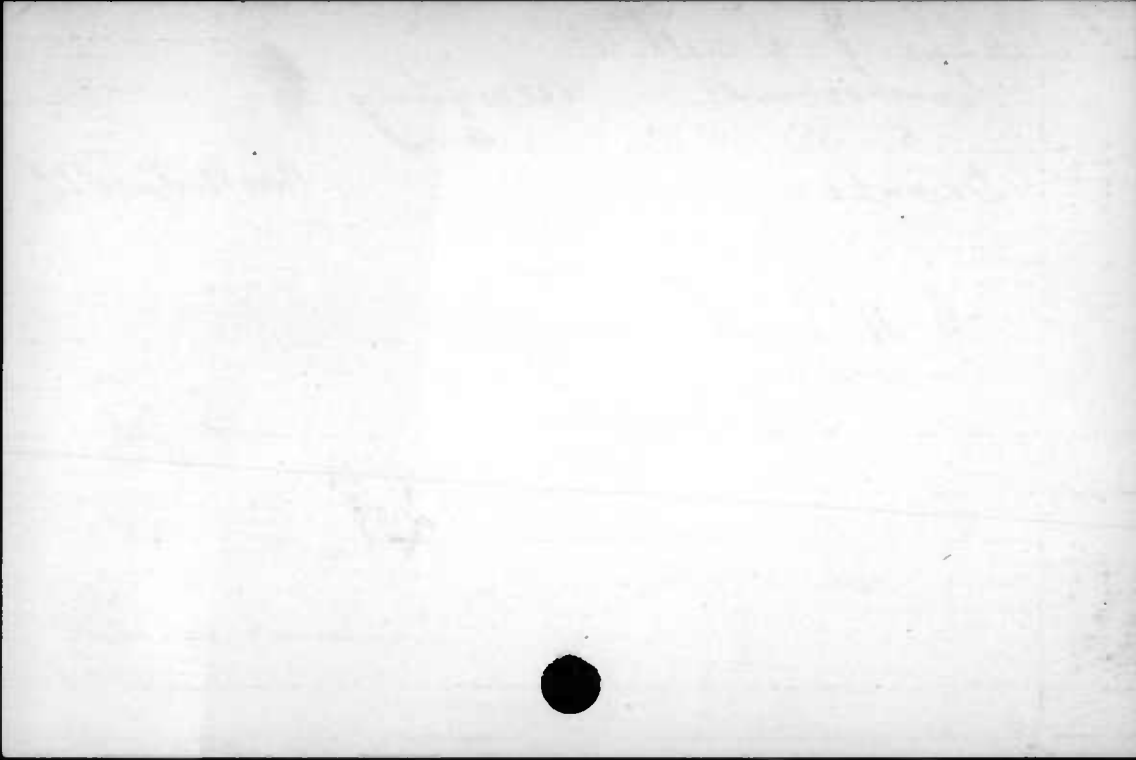
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
1905		May	26	Age 13	5	-
Sex		Color or Race		Birth-place		
female		white		Mva		
Occupation			Where Residing if not at place of death			
none			-			
Married, Single or Widowed		Name of Wife or Husband				
Single		-				
Father's Name				Father's Birthplace		
Thas W. Shaffer				WVa		
Mother's Maiden Name				Mother's Birthplace		
Sophrina McBricker				WVa		
Name of person giving information				How related to deceased		
O W Shaffer				father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Orq. heart disease	How long	2 yrs
Immediate	Exhaustion	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. J. Twigg, M.D.	
Accident or Suicide?		Address	
-		Crimbs	





Name  
in  
Full

## CERTIFICATE OF DEATH

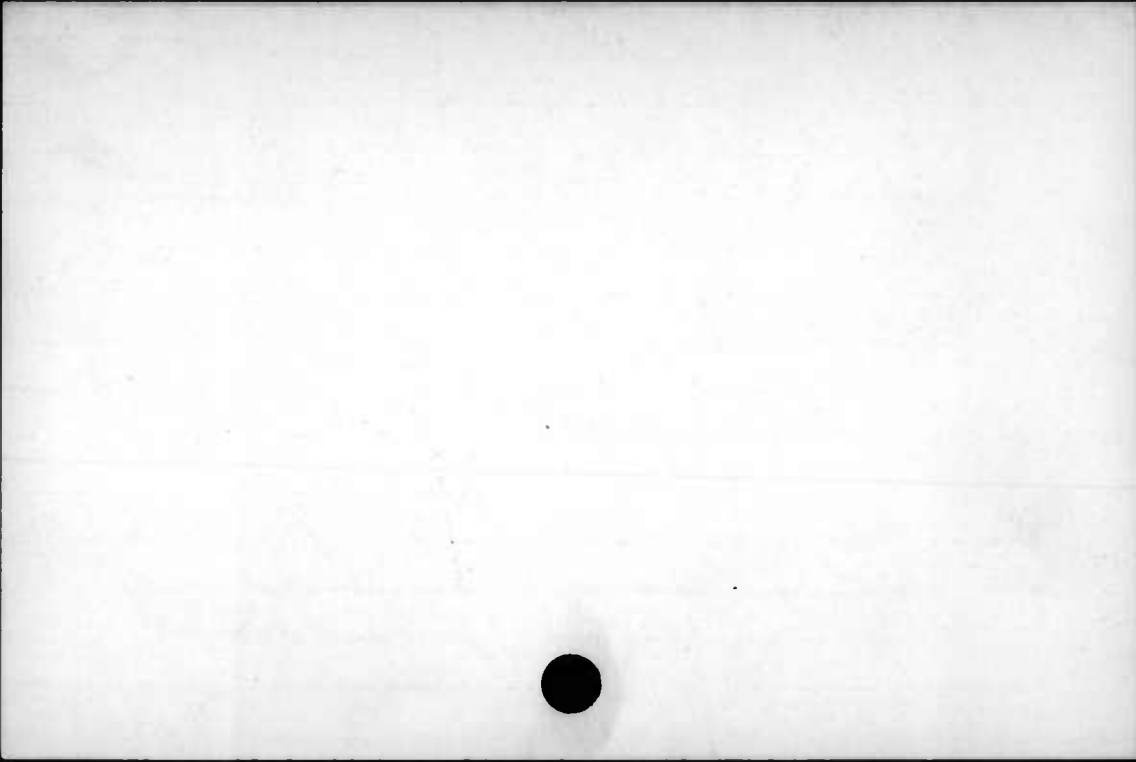
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mable F. Smith</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>5</i>		Day <i>12</i>		Years <i>3</i>	
Date of death <i>1905</i>		Month <i>5</i>		Day <i>12</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race		Birth-place <i>New Martinsville</i>		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>G. D. Smith</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>G. D. Smith</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>60</i>
Immediate	<i>Diabetic Coma</i>	How long	<i>24</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James I. Johnson, M.D.</i>	
		Address <i>Cumberland, Maryland</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905-		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Is m

At Home place

M-Savage

Name  
in  
Full

## CERTIFICATE OF DEATH

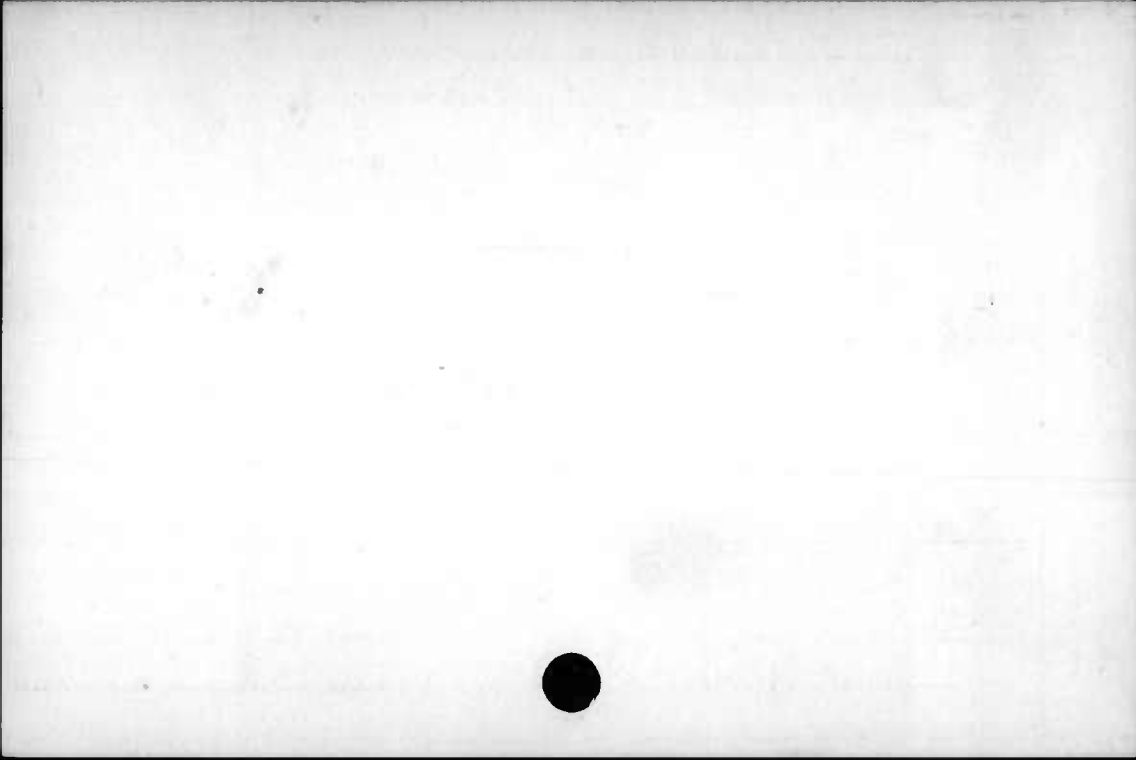
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumma</i>		Town <i>Cumma</i>		County <i>Alle</i>		MARYLAND	
Date of death	1905	Month	May	Day	31	Age	—
Sex	Female		Color or Race	White		Birth-place	Ind
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	William Stein					Father's Birthplace	Ind
Mother's Maiden Name	Gaura Marts					Mother's Birthplace	Ind
Name of person giving Information	William Stein					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	—
Immediate	"	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Lockman</i>
		Address	<i>Fordham</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Anna Mary Strickland*  
 Died at *Camden* <sup>Town</sup> *Delaware* <sup>County</sup>

MARYLAND

Date of death *1905* Month *5* Day *27* Age *93* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Widow* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *George Strickland* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Intracapsular Fracture of Femur* How long *4 days*

Immediate *Advanced age & Shock* How long *4 days*

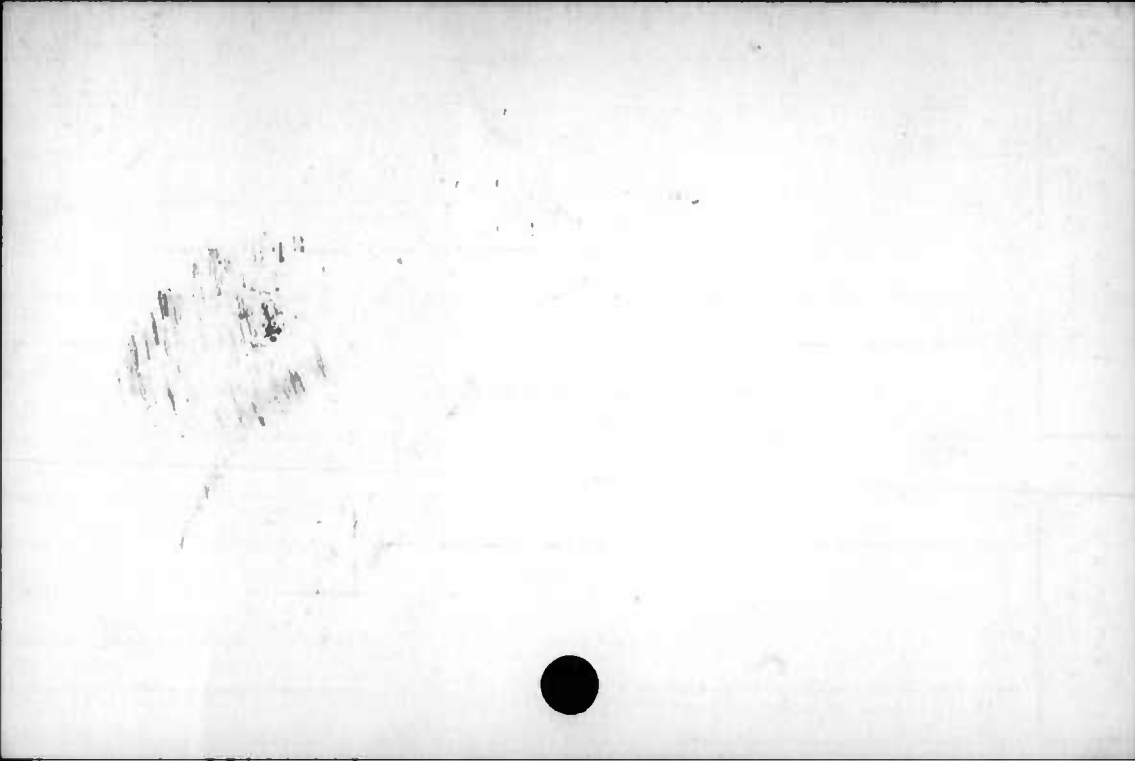
Are the name, age, sex, color, date and place correctly given above? *js*

Signature of Physician

Address

PHYSICIAN  
OR CORONER

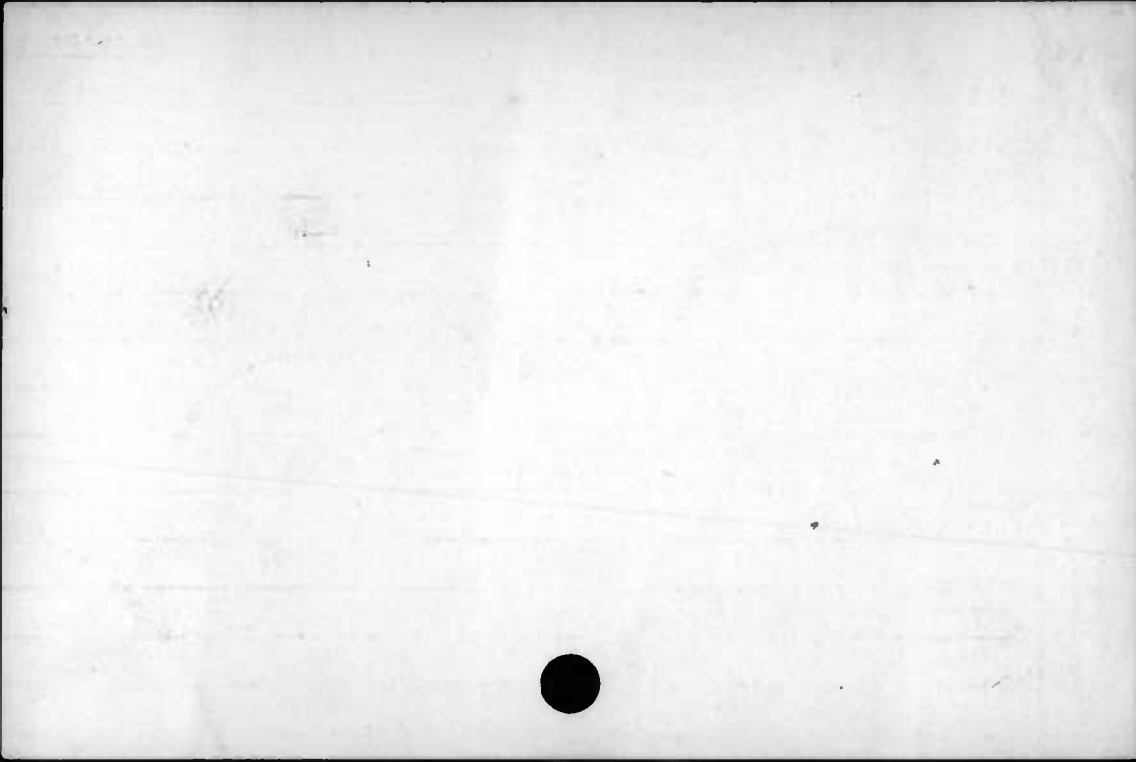
Accident or Suicide?





Name in Full <i>Adams M. Tabler</i>		Town _____		County _____		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Home</i>				MARYLAND		
	Date of death <i>1905</i>	Month <i>3</i>	Day <i>26</i>	Years <i>81</i>	Months _____	Days _____	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Berkeley Co.</i>			
	Occupation <i>Laborer</i>		Where Residing if not at place of death _____				
	Married, Single or Widowed _____		Name of Wife or Husband _____				
	Father's Name <i>Christian Tabler</i>		Father's Birthplace <i>Berkeley Co.</i>				
Mother's Maiden Name _____		Mother's Birthplace " "					
Name of person giving information <i>Gustavus Tabler</i>		How related to deceased _____					

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Cerebral Hemorrhage</i>	How long <i>few hours</i>
	Immediate	<i>of apoplexy</i>	How long <i>few hours</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>
			Address <i>[Signature]</i>
	Accident or Suicide? <i>No</i>		<i>[Signature]</i>



Name  
in  
Full

Mrs. J resher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>5</i>	Day	Age <i>84</i> <sup>Years</sup>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>U. S.</i>		
Occupation <i>St. W.</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Robert Tennant</i>				How related to deceased <i>Son-in-law</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>apoplexy Cerebral</i>	How long <i>4 Months</i>
<i>asthenia</i>	How long <i>4 Months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thomas H. Maouly</i>
<i>[Signature]</i>	Address <i>Frostburg, Md.</i>
Accident or Suicide?	

J F & Wm Co.

Name  
in  
Full

## CERTIFICATE OF DEATH

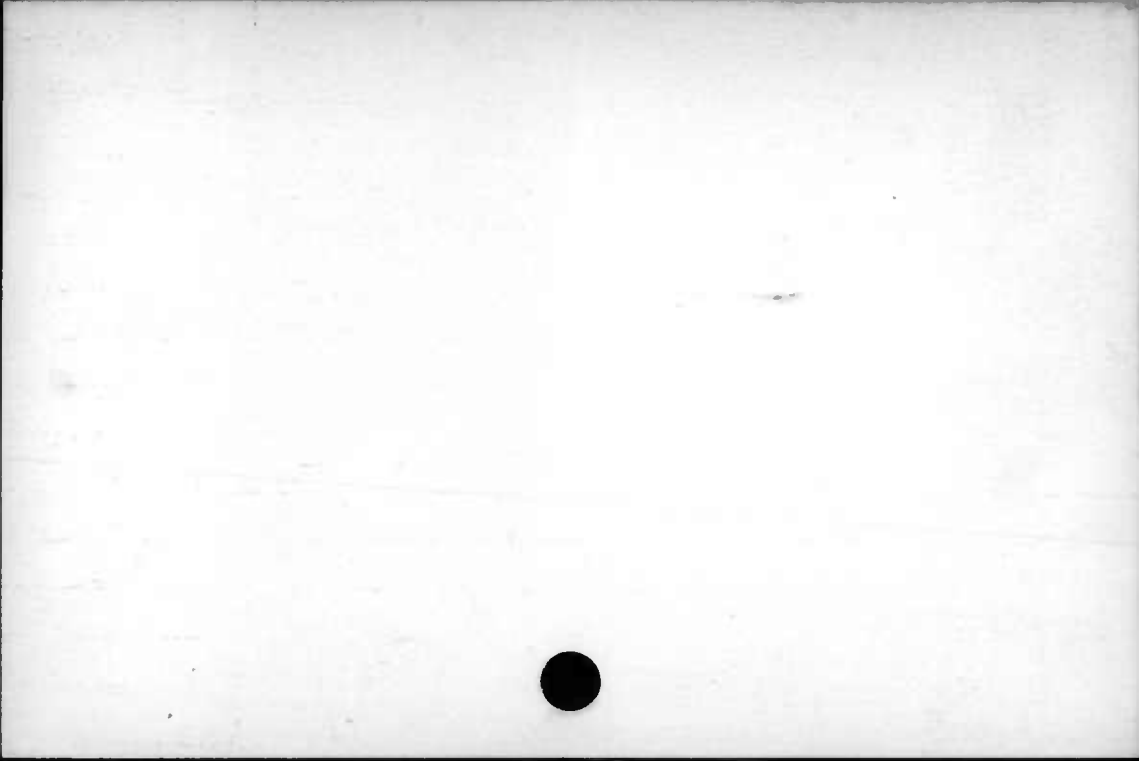
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles E. Wagner</i>		Town <i>Lonaconing</i>		County <i>Alligum</i>		MARYLAND	
Died at <i>Lonaconing</i>		Date of death <i>1905 May 21</i>		Age <i>—</i>		Months <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Lonaconing</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles E. Wagner</i>		Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Leahella W. Wagner</i>		Mother's Birthplace <i>Lonaconing</i>					
Name of person giving information <i>Mrs. Chas. Wagner</i>		How related to deceased <i>Mother</i>					

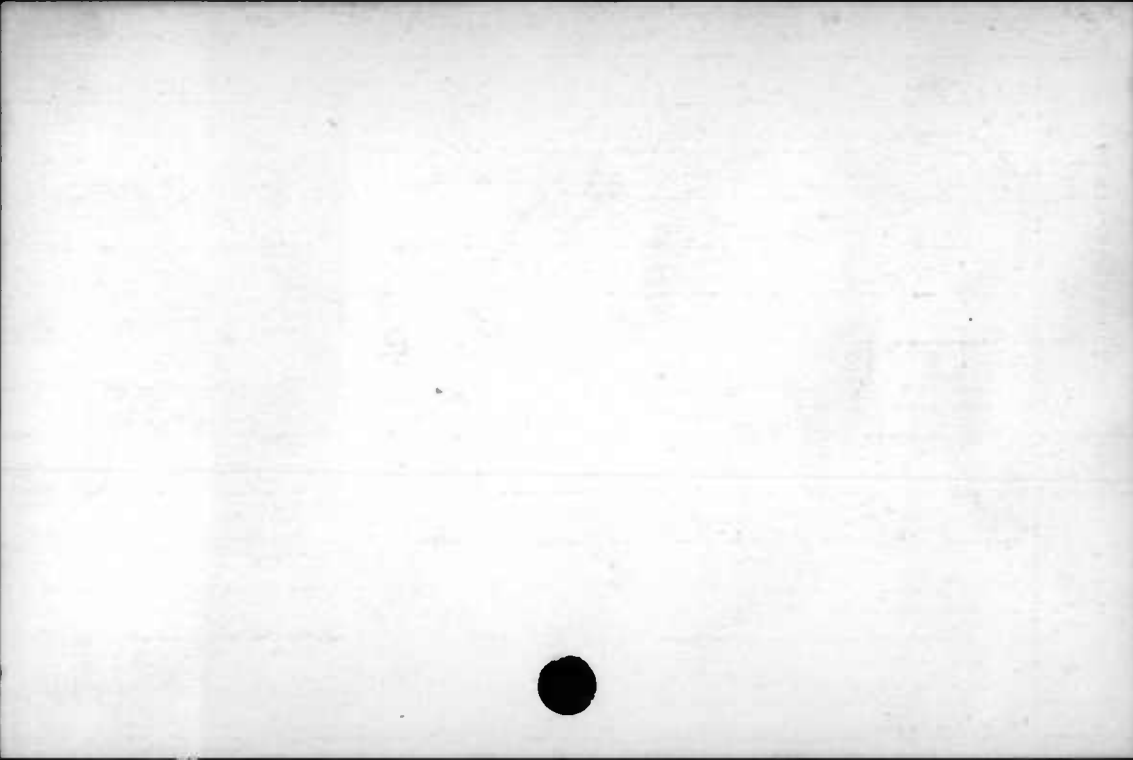
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septic Nematoma</i>	How long <i>Six days</i>
Immediate <i>Inanition</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>No</i>	



Name in Full		Infant of John Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland <sup>Town</sup>		Allegheny <sup>County</sup>		MARYLAND	
	Date of death	1905	Month May	Day 26	Years —	Months —	Days 1
	Sex	Female		Color or Race	Colored		
	Occupation	Infant			Birth-place	Cumberland	
				Where Residing if not at place of death	—		
	Married, Single or Widowed	Single		Name of Wife or Husband	—		
	Father's Name	John Wilson			Father's Birthplace	Richmond Va	
	Mother's Maiden Name	Laura Smith			Mother's Birthplace	Va	
Name of person giving information			John Wilson		How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still Born			How long	7 mo	
	Immediate	— unknown			How long	—	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician		
					Address		
					Cumberland Md		
Accident or Suicide? —							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Louis WOLF*

Town *Cumtland* County *Allegheny* **MARYLAND**

Died at *Cumtland*

Date of death *1905* Month *may* Day *7* Age *73* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *retired* Where Residing if not at place of death *-*

Married, Single or Widowed *married* Name of Wife or Husband *Margaret*

Father's Name *-* Father's Birthplace

Mother's Maiden Name *-* Mother's Birthplace

Name of person giving information *anna Beck* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pertinitis* How long *12 ds*

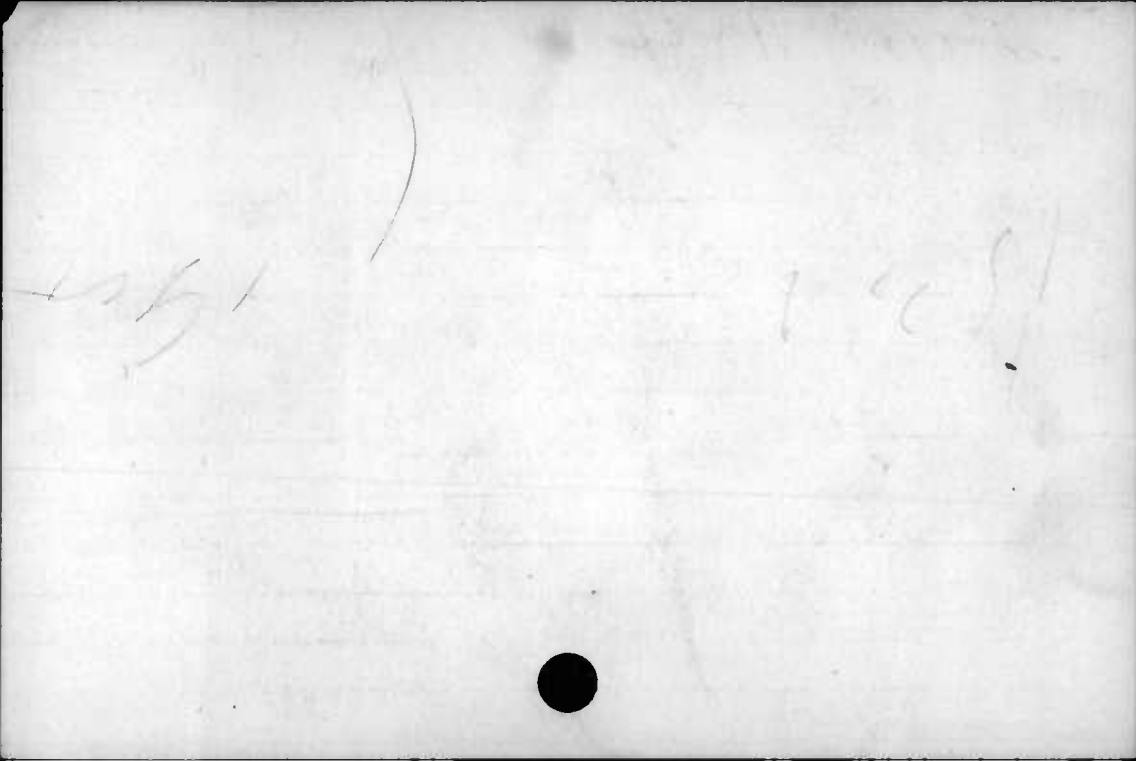
Immediate *Exhaustion* How long *12 ds*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. J. O. Wilson*

Address *J. J. Cumberland*

Accident or Suicide? *9th*



Name  
in  
Full

James Franklin Wood,

## CERTIFICATE OF DEATH

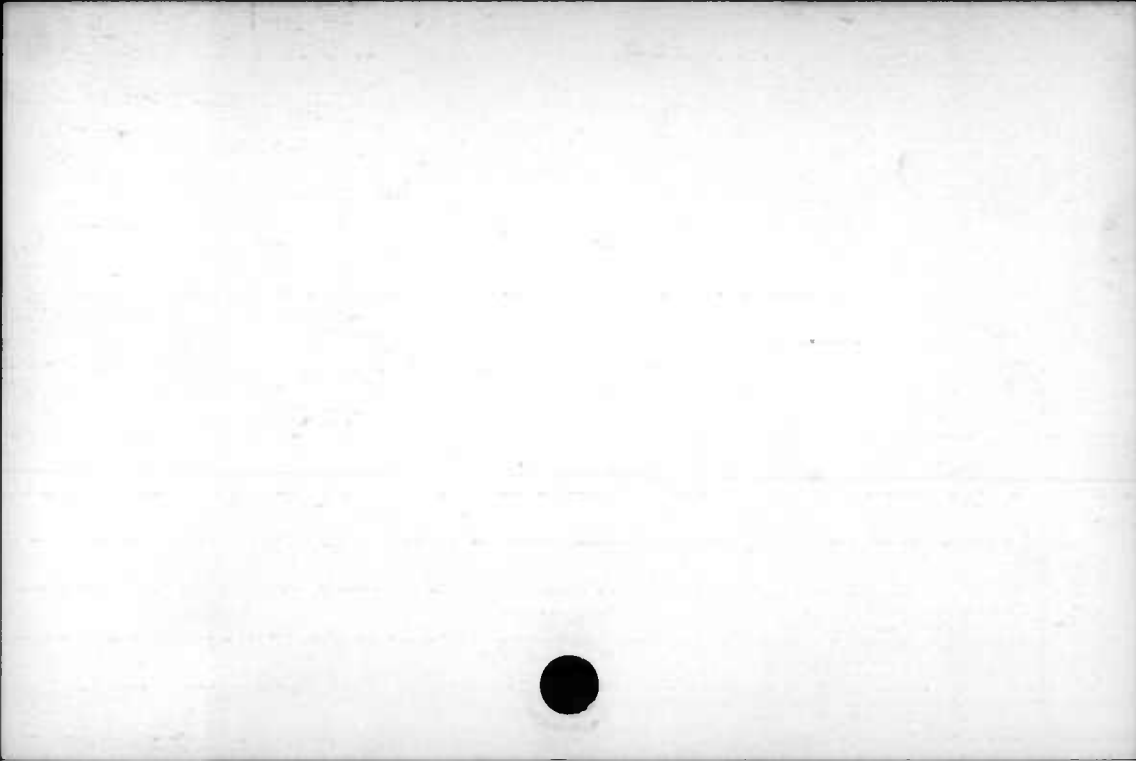
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Eckhart Mines		<sup>County</sup> Allegany		MARYLAND	
Date of death	1905	Month	May	Day	9
Age	X	Years	X	Months	X
Sex	Male	Color or Race	White	Birth-place	Eckhart Mines
Occupation	✓ ✓ ✓		Where Residing if not at place of death		
Married, Single or Widowed	X	X	X	Name of Wife or Husband	X
Father's Name	John Wood			Father's Birthplace	Va.
Mother's Maiden Name	Annie Fossett			Mother's Birthplace	Va.
Name of person giving information	B. A. Amwell			How related to deceased	X X X

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(11)	How long	X X
Immediate	Spasms, did not see patient X		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician B. A. Amwell M.D.		
	Address Eckhart Mines, Md.		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant a Weeks (Black)

Town \_\_\_\_\_ County \_\_\_\_\_

Died at \_\_\_\_\_

MARYLAND

Date of death 1905 \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex female Color or Race white Birth-place Carroll

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name A. Weeks Father's Birthplace W. Va

Mother's Maiden Name Elizabeth F Brown Mother's Birthplace Pa

Name of person giving information a Weeks How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Immature Birth (151) How long 3 mo

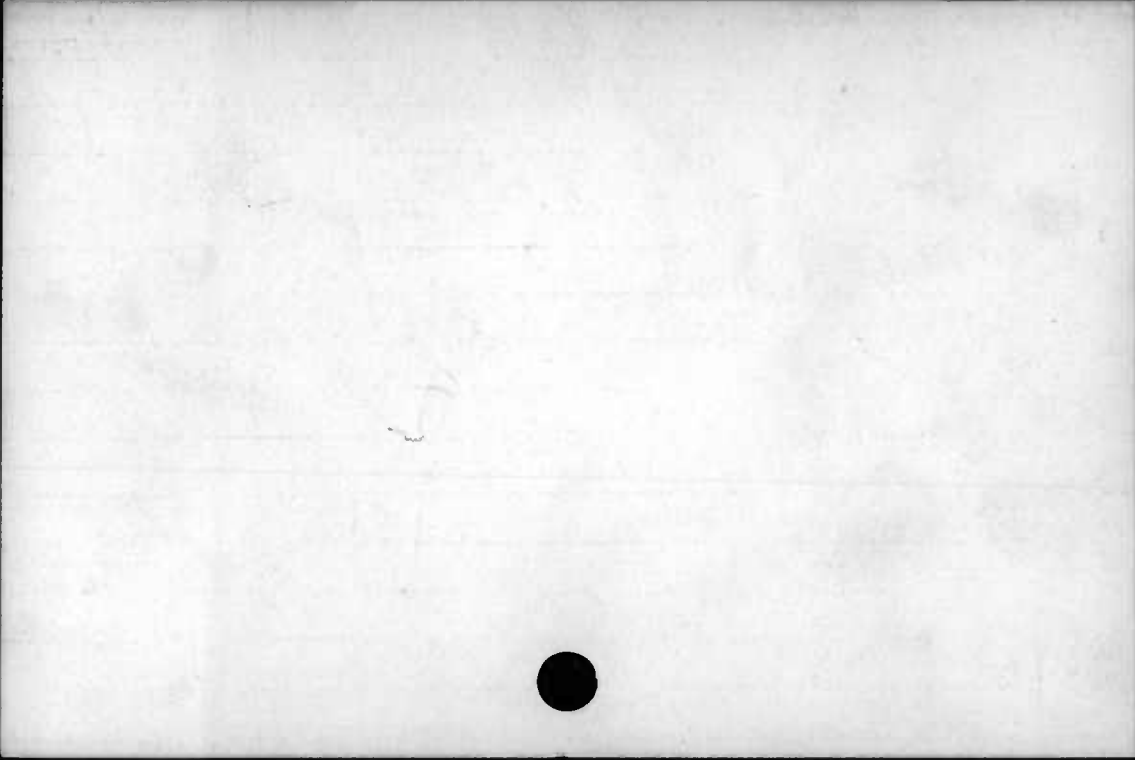
Immediate 1st heart attack How long 1 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. F. Young

Address \_\_\_\_\_

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Niola Yacabulia

5/11/11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lurke</i> Town		County <i>allegany</i>		MARYLAND		
Date of death <i>1905</i>	Month <i>5</i>	Day <i>11</i>	Age <i>22</i>	Years <i>about</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Italy</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>[X]</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>—</i>	<i>176</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>				Mother's Birthplace		
Name of person giving information <i>Name from Bulfinch office</i>			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Suffocation</i>	How long
Immediate <i>Suffocation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. J. Parson</i>
<i>[Signature]</i>	Address <i>Piedmont N.C.</i>
Accident or Suicide?	

